

IN THE CIRCUIT COURT FOR Montgomery County

(City or County)

CIVIL - NON-DOMESTIC CASE INFORMATION REPORT

DIRECTIONS

Plaintiff: This Information Report must be completed and attached to the complaint filed with the Clerk of Court unless your case is exempted from the requirement by the Chief Judge of the Court of Appeals pursuant to Rule 2-111(a).

Defendant: You must file an Information Report as required by Rule 2-323(h).

THIS INFORMATION REPORT CANNOT BE ACCEPTED AS A PLEADINGFORM FILED BY: PLAINTIFF DEFENDANT CASE NUMBER _____

(Clerk to insert)

CASE NAME: O.J.B. /101 North Frederick, LC Plaintiff vs. TRAVELERS PROPERTY CASUALT Defendant

PARTY'S NAME: O.J.B./101 North Frederick, LC PHONE: _____

PARTY'S ADDRESS: 8101 Glenbrook Road, Suite B, Bethesda, Maryland 20814

PARTY'S E-MAIL: _____

If represented by an attorney:

PARTY'S ATTORNEY'S NAME: C. Thomas Brown, Esquire PHONE: (703) 591-6666

PARTY'S ATTORNEY'S ADDRESS: 10621 Jones Street, Suite 101, Fairfax, VA 22030

PARTY'S ATTORNEY'S E-MAIL: tom@virginia-lawyers.net

JURY DEMAND? Yes NoRELATED CASE PENDING? Yes No If yes, Case #(s), if known: _____

ANTICIPATED LENGTH OF TRIAL?: _____ hours _____ days

PLEADING TYPE

New Case: Original Administrative Appeal AppealExisting Case: Post-Judgment Amendment

If filing in an existing case, skip Case Category/ Subcategory section - go to Relief section.

IF NEW CASE: CASE CATEGORY/SUBCATEGORY (Check one box.)

TORTS	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Insurance	<input type="checkbox"/> Public Law	<input type="checkbox"/> Constructive Trust
	<input type="checkbox"/> Assault and Battery	<input type="checkbox"/> Product Liability	<input type="checkbox"/> Attorney Grievance	<input type="checkbox"/> Contempt
	<input type="checkbox"/> Business and Commercial		<input type="checkbox"/> Bond Forfeiture Remission	<input type="checkbox"/> Deposition Notice
	<input type="checkbox"/> Conspiracy		<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Dist Ct Mtn Appeal
	<input type="checkbox"/> Conversion		<input type="checkbox"/> County/Mncpl Code/Ord	<input type="checkbox"/> Financial
	<input type="checkbox"/> Defamation		<input type="checkbox"/> Election Law	<input type="checkbox"/> Grand Jury/Petit Jury
	<input type="checkbox"/> False Arrest/Imprisonment		<input type="checkbox"/> Eminent Domain/Condemn.	<input type="checkbox"/> Miscellaneous
	<input type="checkbox"/> Fraud		<input type="checkbox"/> Environment	<input type="checkbox"/> Perpetuate Testimony/Evidence
	<input type="checkbox"/> Lead Paint - DOB of Youngest Plt: _____		<input type="checkbox"/> Error Coram Nobis	<input type="checkbox"/> Prod. of Documents Req.
	<input type="checkbox"/> Loss of Consortium		<input type="checkbox"/> Habeas Corpus	<input type="checkbox"/> Receivership
	<input type="checkbox"/> Malicious Prosecution		<input type="checkbox"/> Mandamus	<input type="checkbox"/> Sentence Transfer
	<input type="checkbox"/> Malpractice-Medical		<input type="checkbox"/> Prisoner Rights	<input type="checkbox"/> Set Aside Deed
	<input type="checkbox"/> Malpractice-Professional		<input type="checkbox"/> Public Info. Act Records	<input type="checkbox"/> Special Adm. - Atty
	<input type="checkbox"/> Misrepresentation		<input type="checkbox"/> Quarantine/Isolation	<input type="checkbox"/> Subpoena Issue/Quash
	<input type="checkbox"/> Motor Tort		<input type="checkbox"/> Writ of Certiorari	<input type="checkbox"/> Trust Established
	<input type="checkbox"/> Negligence			<input type="checkbox"/> Trustee Substitution/Removal
	<input type="checkbox"/> Nuisance			<input type="checkbox"/> Witness Appearance-Compel
	<input type="checkbox"/> Premises Liability			
	<input type="checkbox"/> Product Liability			
	<input type="checkbox"/> Specific Performance			
	<input type="checkbox"/> Toxic Tort			
	<input type="checkbox"/> Trespass			
	<input type="checkbox"/> Wrongful Death			
CONTRACT	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Statement Condo	<input type="checkbox"/> ADA	<input type="checkbox"/> PEACE ORDER
	<input type="checkbox"/> Breach		<input type="checkbox"/> Conspiracy	<input type="checkbox"/> Peace Order
	<input type="checkbox"/> Business and Commercial		<input type="checkbox"/> EEO/HR	<input type="checkbox"/> EQUITY
(Cont'd)	<input type="checkbox"/> Confessed Judgment		<input type="checkbox"/> FLSA	<input type="checkbox"/> Declaratory Judgment
	<input type="checkbox"/> Construction		<input type="checkbox"/> FMLA	<input type="checkbox"/> Equitable Relief
	<input type="checkbox"/> Debt		<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Injunctive Relief
	<input type="checkbox"/> Fraud		<input type="checkbox"/> Wrongful Termination	<input type="checkbox"/> Mandamus
				OTHER
			<input type="checkbox"/> Assumption of Jurisdiction	<input type="checkbox"/> Accounting
			<input type="checkbox"/> Authorized Sale	<input type="checkbox"/> Friendly Suit
			<input type="checkbox"/> Attorney Appointment	<input type="checkbox"/> Grantor in Possession
			<input type="checkbox"/> Body Attachment Issuance	<input type="checkbox"/> Maryland Insurance Administration
			<input type="checkbox"/> Commission Issuance	<input type="checkbox"/> Miscellaneous
				<input type="checkbox"/> Specific Transaction
				<input type="checkbox"/> Structured Settlements

RECEIVED
JAN 17 2019
CLERK OF MONTGOMERY COUNTY CIRCUIT COURT
MD

IF NEW OR EXISTING CASE: RELIEF (Check All that Apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Abatement | <input type="checkbox"/> Earnings Withholding | <input type="checkbox"/> Judgment-Interest | <input type="checkbox"/> Return of Property |
| <input type="checkbox"/> Administrative Action | <input type="checkbox"/> Enrollment | <input type="checkbox"/> Judgment-Summary | <input type="checkbox"/> Sale of Property |
| <input type="checkbox"/> Appointment of Receiver | <input type="checkbox"/> Expungement | <input type="checkbox"/> Liability | <input type="checkbox"/> Specific Performance |
| <input type="checkbox"/> Arbitration | <input type="checkbox"/> Findings of Fact | <input type="checkbox"/> Oral Examination | <input type="checkbox"/> Writ-Error Coram Nobis |
| <input type="checkbox"/> Asset Determination | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Order | <input type="checkbox"/> Writ-Execution |
| <input type="checkbox"/> Attachment b/f Judgment | <input type="checkbox"/> Injunction | <input type="checkbox"/> Ownership of Property | <input type="checkbox"/> Writ-Garnish Property |
| <input type="checkbox"/> Cease & Desist Order | <input type="checkbox"/> Judgment-Affidavit | <input type="checkbox"/> Partition of Property | <input type="checkbox"/> Writ-Garnish Wages |
| <input type="checkbox"/> Condemn Bldg | <input type="checkbox"/> Judgment-Attorney Fees | <input type="checkbox"/> Peace Order | <input type="checkbox"/> Writ-Habeas Corpus |
| <input type="checkbox"/> Contempt | <input type="checkbox"/> Judgment-Congfessed | <input type="checkbox"/> Possession | <input type="checkbox"/> Writ-Mandamus |
| <input type="checkbox"/> Court Costs/Fees | <input type="checkbox"/> Judgment-Consent | <input type="checkbox"/> Production of Records | <input type="checkbox"/> Writ-Possession |
| <input type="checkbox"/> Damages-Compensatory | <input type="checkbox"/> Judgment-Declaratory | <input type="checkbox"/> Quarantine/Isolation Order | |
| <input type="checkbox"/> Damages-Punitive | <input type="checkbox"/> Judgment-Default | <input type="checkbox"/> Reinstatement of Employment | |

If you indicated **Liability** above, mark one of the following. This information is not an admission and may not be used for any purpose other than Track Assignment.

Liability is conceded. Liability is not conceded, but is not seriously in dispute. Liability is seriously in dispute.

MONETARY DAMAGES (Do not include Attorney's Fees, Interest, or Court Costs)

Under \$10,000 \$10,000 - \$30,000 \$30,000 - \$100,000 Over \$100,000

Medical Bills \$ _____ Wage Loss \$ _____ Property Damages \$ _____

ALTERNATIVE DISPUTE RESOLUTION INFORMATION

Is this case appropriate for referral to an ADR process under Md. Rule 17-101? (Check all that apply)

A. Mediation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	C. Settlement Conference	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B. Arbitration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	D. Neutral Evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SPECIAL REQUIREMENTS

If a Spoken Language Interpreter is needed, check here and attach form CC-DC-041

If you require an accommodation for a disability under the Americans with Disabilities Act, check here and attach form CC-DC-049

ESTIMATED LENGTH OF TRIAL

With the exception of Baltimore County and Baltimore City, please fill in the estimated LENGTH OF TRIAL.
(Case will be tracked accordingly)

- | | |
|--|---|
| <input type="checkbox"/> 1/2 day of trial or less | <input type="checkbox"/> 3 days of trial time |
| <input type="checkbox"/> 1 day of trial time | <input type="checkbox"/> More than 3 days of trial time |
| <input checked="" type="checkbox"/> 2 days of trial time | |

BUSINESS AND TECHNOLOGY CASE MANAGEMENT PROGRAM

For all jurisdictions, if Business and Technology track designation under Md. Rule 16-308 is requested, attach a duplicate copy of complaint and check one of the tracks below.

- | | |
|---|---|
| <input type="checkbox"/> Expedited- Trial within 7 months of Defendant's response | <input checked="" type="checkbox"/> Standard - Trial within 18 months of Defendant's response |
|---|---|

EMERGENCY RELIEF REQUESTED

**COMPLEX SCIENCE AND/OR TECHNOLOGICAL CASE
MANAGEMENT PROGRAM (ASTAR)**

FOR PURPOSES OF POSSIBLE SPECIAL ASSIGNMENT TO ASTAR RESOURCES JUDGES under Md. Rule 16-302, attach a duplicate copy of complaint and check whether assignment to an ASTAR is requested.

- Expedited** - Trial within 7 months of Defendant's response **Standard** - Trial within 18 months of Defendant's response

**IF YOU ARE FILING YOUR COMPLAINT IN BALTIMORE CITY, OR BALTIMORE COUNTY,
PLEASE FILL OUT THE APPROPRIATE BOX BELOW.**

CIRCUIT COURT FOR BALTIMORE CITY (CHECK ONLY ONE)

- | | |
|--|---|
| <input type="checkbox"/> Expedited | Trial 60 to 120 days from notice. Non-jury matters. |
| <input type="checkbox"/> Civil-Short | Trial 210 days from first answer. |
| <input type="checkbox"/> Civil-Standard | Trial 360 days from first answer. |
| <input type="checkbox"/> Custom | Scheduling order entered by individual judge. |
| <input type="checkbox"/> Asbestos | Special scheduling order. |
| <input type="checkbox"/> Lead Paint | Fill in: Birth Date of youngest plaintiff _____. |
| <input type="checkbox"/> Tax Sale Foreclosures | Special scheduling order. |
| <input type="checkbox"/> Mortgage Foreclosures | No scheduling order. |

CIRCUIT COURT FOR BALTIMORE COUNTY

- | | |
|---|---|
| <input type="checkbox"/> Expedited
(Trial Date-90 days) | Attachment Before Judgment, Declaratory Judgment (Simple), Administrative Appeals, District Court Appeals and Jury Trial Prayers, Guardianship, Injunction, Mandamus. |
| <input type="checkbox"/> Standard
(Trial Date-240 days) | Condemnation, Confessed Judgments (Vacated), Contract, Employment Related Cases, Fraud and Misrepresentation, International Tort, Motor Tort, Other Personal Injury, Workers' Compensation Cases. |
| <input type="checkbox"/> Extended Standard
(Trial Date-345 days) | Asbestos, Lender Liability, Professional Malpractice, Serious Motor Tort or Personal Injury Cases (medical expenses and wage loss of \$100,000, expert and out-of-state witnesses (parties), and trial of five or more days), State Insolvency. |
| <input type="checkbox"/> Complex
(Trial Date-450 days) | Class Actions, Designated Toxic Tort, Major Construction Contracts, Major Product Liabilities, Other Complex Cases. |

January 15, 2019

Date

10621 Jones Street, Suite 101

Address

Fairfax	VA	22030
City	State	Zip Code

Signature of Counsel / Party

C. Thomas Brown

Printed Name

IN THE CIRCUIT COURT FOR MONTGOMERY COUNTY

O.J.B./101 North Frederick, LC)
c/o RECYCLAND, LLC,)
8101 Glenbrook Rd., Ste. B,)
Bethesda, MD 20814)
Plaintiff,)
v.)
Case No. _____

TRAVELERS PROPERTY CASUALTY COMPANY)
OF AMERICA,)
One Tower Square)
Hartford, CT 06183)
SERVE: Al Redmer, Jr., Commissioner)
Maryland Insurance Commissioner)
Maryland Insurance Administration)
200 St. Paul Place, Suite 2700)
Baltimore, Maryland 21202)
and)
THE TRAVELERS INDEMNITY COMPANY)
OF ILLINOIS)
One Tower Square)
Hartford, CT 06183)
SERVE: Al Redmer, Jr., Commissioner)
Maryland Insurance Commissioner)
Maryland Insurance Administration)
200 St. Paul Place, Suite 2700)
Baltimore, Maryland 21202)
Defendants.)

RECEIVED

JAN 17 2019

Clerk of the Circuit Court
Montgomery County, Md.

COMPLAINT

The Plaintiff, O.J.B./101 North Frederick, LC ("OJB," or "Plaintiff, or "Insurer"), by undersigned Counsel, files this Complaint against the Defendants, Travelers Property Casualty Company of America and The Travelers Indemnity Company of Illinois, (collectively "Travelers," or "Defendant," or "Insurer"), and in support thereof states as follows:

THE PARTIES

1. Plaintiff O.J.B./101 North Frederick, LC is a Maryland limited company with its principal place of business located at 8101 Glenbrook Rd., Suite B, Bethesda, MD 20814-0000.
2. Defendant Travelers Property Casualty Company of America is a corporation organized under the laws of the State of Connecticut with its principal place of business located in Hartford, Connecticut. Defendant is authorized to write insurance in the State of Maryland.
3. Defendant The Travelers Indemnity Company of Illinois is a corporation organized under the laws of the State of Illinois with its principal place of business located in Hartford, Connecticut. Defendant is authorized to write insurance in the State of Maryland.

VENUE

4. Venue is proper in Montgomery County pursuant to Md. Code Ann. Cts. & Jud. Proc. §6-201(b) because Defendants regularly do business in Montgomery County, Maryland, and because the loss giving rise to the insurance claim here, which loss occurred in Montgomery County, Maryland.
5. This Court has jurisdiction over the parties because: (1) the policy that is the subject of this action provides insurance coverage for a business and property located in Montgomery County, Maryland; (2) the cause of action arose in Montgomery County, Maryland; and (3) Defendants regularly do business in the State of Maryland.

FACTS RELEVANT TO ALL COUNTS

6. At all times relevant to this Complaint, and O.J.B./101 North Frederick, LC owned, or had an insurable interest in, a building located at 101 N Frederick Ave., Gaithersburg, MD 20877 ("Property").
7. At all times relevant to this Complaint, the Insured rented the building to an entity, which entity operated a mattress store therefrom.

8. All times relevant hereto, the Property was insured by way of an insurance policy issued by Travelers Property Casualty Company of America, or in the alternative by The Travelers Indemnity Company of Illinois, which policy is known as the Building Pac Mercantile Other and has the policy number 680-0E003121-15-42, and has the effective date of 12/31/2015 through 12/31/2016 ("Policy"). The Policy insured O.J.B./101 North Frederick, LC as the named insured.

9. It is unclear which one of the Defendants issued the Policy to the Plaintiff.

10. Travelers Property Casualty Company of America, or in the alternative The Travelers Indemnity Company of Illinois, provided the Insured with an inaccurate copy of the Policy forms, which forms included forms applicable to a different policy and which forms were missing forms applicable to the Policy in force at the time of the loss, and misrepresented the same to be a certified copy of the Policy that was in force at the time of the loss. A certified copy of what the Defendant has represented to be the Policy in force at the time of the loss, but which is not an accurate and complete copy of said Policy, is attached hereto as *Exhibit 1*.

11. Under information and belief, the Policy is an "All Risk," or Open Peril, insurance policy whereby the Policy insures against all fortuitous losses, or losses dependent upon chance, where the types of fortuitous losses covered are limited to those that are not expressly excluded by the Policy.

12. Under information and belief, the Policy provides insurance coverage for collapse as follows:

1. We will not pay for . . .

i. **Collapse of Buildings**

Collapse of buildings meaning an abrupt falling down or caving in of a building or any part of a building with the result being that the building or part of a building cannot be occupied for its intended purpose.

- (1) This exclusion does not apply to collapse of buildings if caused only by one or more of the following:
 - (a) A “specified cause of loss” or breakage of building glass;
 - (b) Decay, insect or vermin damage that is hidden from view, unless the presence of such decay or insect or vermin damage is known to an insured prior to collapse;
 - (c) Weight of people or personal property;
 - (d) Weight of rain that collects on a roof; or
 - (e) Use of defective material or methods in construction, remodeling or renovation if the collapse occurs after construction, remodeling, or renovation is complete and is caused in part by a cause of loss listed in paragraphs (a) through (c) above.

In the event collapse results in a Covered Cause of Loss, we will only pay for the resulting loss or damage by that Covered Cause of Loss.

See *Exhibit 1*, form MP T1 02 02 05, pg. 24, (emphasis added).

13. Under information and belief, the Policy provides that certain “words and phrases that appear in quotation marks have special meaning.” See *Exhibit 1*, form CG 00 01 10 01, pg. 1.
14. Under information and belief, the Policy defines the phrase “specified cause of loss,” because the phrase appears in quotation marks; however the Insurer failed to provide the forms that define the phrase despite certifying the Policy attached hereto as *Exhibit 1* to be the complete Policy in force at the time of the Loss.
15. The Insurer has represented that the Policy provides insurance coverage on the Property with the following limits of insurance:

Coverage	Limit of Insurance	Citation
Building	\$1,450,000 (RCV)	<i>Ex. 1</i> , MPT0010205
Ordinance or Law	(Coverage A applies)	<i>Ex. 1</i> , MPT1350409

	\$112,000 (Coverage B) \$112,000 (Coverage C)	
Business Property	\$500 deductible per occurrence	<i>Ex. I, MPT0010205</i>
Business Income/Extra Expense (“BI/EE”)	Actual loss	<i>Ex. I, MPT0010205</i>
Building Glass	\$250 deductible per occurrence	<i>Ex. I, MPT0010205</i>
Fungus, Wet Rot or Dry Rot	\$15,000	<i>Ex. I, MPT3230806</i>

16. On or about January 31, 2016, the Property sustained an abrupt falling down or caving in of the building, or part of the building, with the result being that the building, or part of the building, could not be occupied for its intended purpose (“Collapse” or “Loss”).
17. Under information and belief, the Loss is covered under the Policy.
18. Prior to the Loss, the Insured did not know of the presence of any decay, insect or vermin damage to the Property.
19. Prior to the Loss, any existing decay, insect or vermin damage to the Property, if any, was hidden from view.
20. The Collapse resulted in significant loss and damage in the amount of at least \$128,789.24 dollars valued at a replacement cost value (“RCV”), as estimated on the Insured’s behalf by Atlantic Estimating, LLC.
21. The Insured timely notified the Licensee of the Loss.
22. The Insured made a claim for the loss and damage resulting from the Loss by way of

claim number E3F4212 ("Claim").

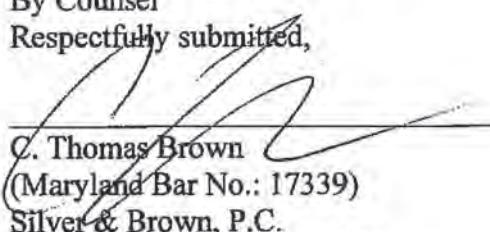
23. At the time of the Loss, all premiums on the Policy had been fully paid.
24. The Insurer engaged Vannoy & Associates, LLC ("Vannoy") as its engineering consultant with regards to the Loss.
25. The Insured retained The Goodman-Gable-Gould Company/Adjusters International as its public adjuster to assist in the Complainant in the adjustment of the Loss and the presentation of the Claim ("GGG" or "Public Adjuster").
26. Vannoy prepared a report on behalf of the Insurer, which report cited "decay and associated bearing failure and displacement of the floor joists," as a cause of loss for the Loss here.
27. Under information and belief, collapse of buildings caused by decay, insect or vermin damage that is hidden from view, unless the presence of such decay or insect or vermin damage is known to an insured prior to collapse, is covered under the Policy.
28. The Insurer is liable to make full payment of the Insured's Claim for the covered Loss under the Policy.
29. On or about March 16, 2016, the Insurer wrongfully and in bad faith denied the Insured's Claim, citing to various exclusions within the Policy, which exclusions are clearly inapplicable and constitute arbitrary and capricious reasons for the Claim denial.
30. As of the date of the filing of this Complaint, the Insurer has, in bad faith, failed and refused to provide a full and complete copy of the true and accurate policy of insurance that was in force at the time of the Loss despite relying upon purported language therein when denying the Insured's Claim and despite the Insured's, and the Insured's counsel's, requests for the same.
- 31.

**COUNT I
BREACH OF CONTRACT**

32. Plaintiff hereby incorporates Paragraphs 1 through 31 as if fully set forth herein.
33. A contract of property insurance existed between the Plaintiff and Travelers Property Casualty Company of America, or in the alternative The Travelers Indemnity Company of Illinois.
34. Pursuant to the terms of the Policy, Travelers was contractually obligated to pay the Plaintiff for covered property losses.
35. Under information and belief, the Policy covered the Loss sustained to the covered Property and names the Plaintiff as Insured.
36. The Insurer's failure to pay the Plaintiff for its covered property loss constitutes a material breach of the insurance contract.
37. The Plaintiff has sustained damages in the amount of the policy limits for which the Insurer has an obligation to make payment.
38. The Insurer's refusal to adjust the Claim, to act in good faith, and to pay the claim, constitutes a breach of the insurance contact.
39. The Plaintiff has complied with all requirements under the Policy to the best of its ability considering the Insurer's improper notification(s) to the Plaintiff.

WHEREFORE, the Plaintiff, O.J.B./101 North Frederick, LC, demands entry of judgment against the Travelers Property Casualty Company of America and/or The Travelers Indemnity Company of Illinois, (or in the alternative against the defendant who is the Insurer under the Policy), for compensatory damages in the amount of Two Million Dollars (\$2,000,000.00), plus interest and costs, and for such other and further relief as in law and justice may be entitled to receive.

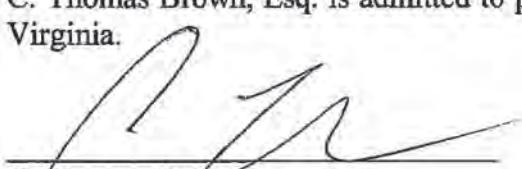
O.J.B./101 North Frederick, LC
By Counsel
Respectfully submitted,



C. Thomas Brown
(Maryland Bar No.: 17339)
Silver & Brown, P.C.
10621 Jones Street, Suite 101
Fairfax, Virginia 22030
(703) 591-6666
(703) 591-5618 – Facsimile
Attorney for Plaintiffs
tom@virginia-lawyers.net

CERTIFICATION PURSUANT TO RULE 1-313

C. Thomas Brown, Esq. is admitted to practice before the Maryland Courts, but maintains his office in Virginia.



C. Thomas Brown
(Maryland Bar No.: 17339)
Silver & Brown, P.C.
10621 Jones Street, Suite 101
Fairfax, Virginia 22030
(703) 591-6666
(703) 591-5618 – Facsimile
Attorney for Plaintiffs

EXHIBIT A

CERTIFIED POLICY

This certification is affixed to a policy which is a true and accurate copy of the document in the company's business records as of the date shown below.

No additional insurance is afforded by this copy.

THE TRAVELERS INDEMNITY COMPANY OF ILLINOIS

Name of Insuring Company(ies)

680 0E003121	12/31/13 to 12/31/14
680 0E003121	12/31/14 to 12/31/15
680 0E003121	12/31/15 to 12/31/16

Policy Number(s)

Policy Period(s)

03/11/2016

Date



Kenneth Kupec, Second Vice President
BI Document Management



One Tower Square, Hartford, Connecticut 06163

RENEWAL CERTIFICATE

COMMON POLICY DECLARATIONS
 BUILDING PAC
 BUSINESS:MERCANTILE OTHR

POLICY NO.: 680-0E003121-15-42
 ISSUE DATE: 12/24/2015

INSURING COMPANY:
 TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:
 OJB INVESTMENT GROUP, LC
 AND AS PER IL T8 00
 C/O RECYCLAND, LLC
 8101 GLENBROOK RD., STE. B
 BETHESDA MD 20814

2. POLICY PERIOD: From 12/31/2015 to 12/31/2016 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS:

PREM.	BLDG.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
NO.	NO.		

SEE IL TO 20 02 05

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS AND SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	TIL
Commercial Inland Marine Coverage Part	TIL

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
--------	---------------	------------------

7. PREMIUM SUMMARY:

Provisional Premium	\$	56,828.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

WILLIS OF MARYLAND INC 12505 PARK POTOMAC AVE # 300	MG110
POTOMAC	MD 20854
IL TO 25 08 01 (Page 1 of 01)	Authorized Representative
Office: CHANTILLY/WASHDC DOWN	DATE: 12/24/2015

TRAVELERS

Report Claims Immediately by Calling*

1-800-238-6225

*Speak directly with a claim professional
24 hours a day, 365 days a year*

**Unless Your Policy Requires Written Notice or Reporting*

BUILDING PAC

MERCANTILE OTHER



A Custom Insurance Policy Prepared for:

**OJB INVESTMENT GROUP, LC
OJB/RICHMOND HWY, LLC. O.J.B./AJRE JV,
C/O RECYCLAND, LLC
8101 GLENBROOK RD., STE. B
BETHESDA MD 20814**

Presented by: WILLIS OF MARYLAND INC

POLICY NUMBER: 680-DE003121-15-42
EFFECTIVE DATE: 12/31/2015
ISSUE DATE: 12/24/2015

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS
BY LINE OF BUSINESS

IL T0 19 02 05	COMMON POLICY DECLARATIONS
* IL T0 25 08 01	RENEWAL CERTIFICATE
* MP T0 01 02 05	BUSINESSOWNERS COVERAGE PART DECLARATIONS
* IL T8 01 01 01	FORMS ENDORSEMENTS AND SCHEDULE NUMBERS
IL T3 15 09 07	COMMON POLICY CONDITIONS
* IL T0 20 02 05	ADDITIONAL LOCATIONS
* MP T0 33 04 09	MASTER PAC ACCOUNT EXPOSURE ENDORSEMENT

BUSINESSOWNERS

* MP T0 25 02 05	SPECIAL PROVISIONS - LOSS PAYEE
* CP 12 18 06 95	LOSS PAYABLE PROVISIONS
* CP T8 01 12 15	GENERAL PURPOSE ENDORSEMENT
* CP T8 02 12 15	GENERAL PURPOSE ENDORSEMENT
MP T1 30 02 05	TABLE OF CONTENTS - BUSINESSOWNERS COVERAGE PART - DELUXE PLAN
MP T1 02 02 05	BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM
* MP T3 06 02 07	SEWER OR DRAIN BACK UP EXTENSION
* MP T3 07 03 97	PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED LOCATIONS AND RESTAURANTS
* MP T3 25 01 15	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE
* MP T3 31 02 05	EQUIPMENT BREAKDOWN - INCREASED SUBLIMIT FOR SPECIFIC EQUIPMENT
MP T3 50 11 06	EQUIPMENT BREAKDOWN - SERVICE INTERRUPTION LIMITATION
MP T3 56 02 08	AMENDATORY PROVISIONS - GREEN BUILDING AND BUSINESS PERSONAL PROP COV ENHANCEMENTS
* MP T5 05 02 05	REPLACEMENT COST PLUS - VIRGINIA
* MP T8 01 12 15	GENERAL PURPOSE ENDORSEMENT
* MP T1 35 04 09	ORDINANCE OR LAW COVERAGE
* MP T3 23 08 06	FUNGUS, ROT, BACTERIA AND OTHER CAUSES OF LOSS CHANGES

COMMERCIAL GENERAL LIABILITY

CG T0 34 11 03	TABLE OF CONTENTS - COMMERCIAL GENERAL LIABILITY
CG 00 01 10 01	COVERAGE FORM CG 00 01 10 01
CG D2 37 11 03	COMMERCIAL GENERAL LIABILITY COVERAGE FORM EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES - COMPLETED OPERATIONS
CG D2 55 11 03	AMENDMENT OF COVERAGE - POLLUTION
CG D3 09 11 03	AMENDATORY ENDR- PRODUCTS-COMPLETED OPERATIONS HAZARD
* CG D4 71 01 15	AMENDMENT OF COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-OK003121-15-42

EFFECTIVE DATE: 12/31/2015

ISSUE DATE: 12/24/2015

COMMERCIAL GENERAL LIABILITY (CONTINUED)

CG D0 37 04 05	OTHER INSURANCE - ADDITIONAL INSURED
CG D1 86 11 03	XTEND ENDORSEMENT
* CG T8 01 12 15	GENERAL PURPOSE ENDORSEMENT
* MP T4 45 11 03	Hired Auto and Nonowned Auto Liability - Virginia
CG D2 43 01 02	Fungi or Bacteria Exclusion
CG D2 56 11 03	Amendment of Coverage - Property Damage
CG D2 88 11 03	Employment-Related Practices Exclusion
CG D3 26 10 11	Exclusion - Unsolicited Communication
CG D3 56 05 14	Mobile Equipment Redefined - Exclusion of Vehicles
CG D4 21 07 08	Subject to Motor Vehicle Laws
CG D6 18 10 11	Amend Central Liab Excl - Exc to Named Ins
	Exclusion - Violation of Consumer Financial Protection
Laws	
* CG D7 46 01 15	Exclusion - Access or Disclosure of Confidential or
	Personal Information
CG D1 42 01 99	Exclusion - Discrimination
CG D2 42 01 02	Exclusion - War
CG T4 78 02 90	Exclusion - Asbestos
CG 01 79 07 10	Virginia Changes
CG 26 73 06 02	Maryland Changes - Premium Audit Condition

EMPLOYMENT PRACTICES LIABILITY

* PR TD 07 04 09	EMPLOYMENT PRACTICES LIABILITY DECLARATIONS
PR T1 10 04 09	EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM
* PR TS 23 03 15	COVG FOR FINANCIAL INTEREST IN FOREIGN
	ORGANIZATIONS-EMPLOYMENT PRACTICES LIABILITY
PR F1 06 03 12	VIRGINIA MANDATORY ENDORSEMENT

MULTIPLE SUBLINE ENDORSEMENTS

CG T3 33 11 03 LIMITATION WHEN TWO OR MORE POLICIES APPLY

COMMERCIAL INLAND MARINE

* CM TO 98 11 97	SIGNS COVERAGE FORM - DECLARATIONS
CM TO 11 08 05	COMMERCIAL INLAND MARINE COVERAGE PART - TABLE OF
	CONTENTS
CM 00 01 09 04	COMMERCIAL INLAND MARINE CONDITIONS
CM 00 28 09 04	SIGNS COVERAGE FORM
* CM T3 98 01 15	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

INTERLINE ENDORSEMENTS

* IL T3 68 01 15 FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-15-42
EFFECTIVE DATE: 12/31/2015
ISSUE DATE: 12/24/2015

INTERLINE ENDORSEMENTS (CONTINUED)

* IL T4 00 12 09	DESIGNATED ENTITY - NOTICE OF CANCELLATION OR NONRENEWAL PROVIDED BY US
* IL T4 12 03 15	AMENDT COMMON POLICY COND-PROHIBITED COVG
* IL T4 14 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL T3 82 05 13	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
* IL T8 00 12 15	GENERAL PURPOSE ENDORSEMENT
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL 00 22 05 87	EFFECTIVE TIME CHANGES - REPLACEMENT OF 12 NOON
IL 00 44 06 90	VIRGINIA CHANGES-POLICY PERIOD
* IL 01 06 04 15	VIRGINIA CHANGES - APPRAISAL
* IL 01 52 01 12	VIRGINIA CHANGES
IL 02 07 04 11	MARYLAND CHANGES
IL 02 12 09 07	VIRGINIA CHANGES
* IL F0 57 01 15	VIRGINIA CHANGES

POLICY HOLDER NOTICES

PN T4 51 11 04	IMP NOTICE TO VIRGINIA POLICYHOLDERS CLAIMS MADE COVS EXTENDED REPORTING PERIODS
PN T9 13 01 13	IMP NOTICE TO VA POLICYHOLDERS - EQ

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.



One Tower Square, Hartford, Connecticut 06183

BUSINESS OWNERS COVERAGE PART DECLARATIONS

BUILDING PAC

POLICY NO.: 680-0E003121-15-42

ISSUE DATE: 12/24/2015

INSURING COMPANY:

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

POLICY PERIOD:

From 12-31-15 to 12-31-16 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: LIMITED LIAB CORP

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE
General Aggregate (except Products-Completed Operations Limit)	\$ 2,000,000
Products-completed Operations Aggregate Limit	\$ 2,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000
Medical Payments Limit (any one person)	\$ 5,000

BUSINESS OWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 500 per occurrence.
Building Glass: \$ 250 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:

Fine Arts: \$ 25,000

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESS OWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001	BUILDING NO.: 001				
COVERAGE BUILDING	LIMIT OF INSURANCE \$ 4,424,970	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 0.0%	
*Replacement Cost Plus					
PREMISES LOCATION NO.: 002	BUILDING NO.: 001				
COVERAGE BUILDING	LIMIT OF INSURANCE \$ 1,500,000	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 0.0%	
*Replacement Cost					
PREMISES LOCATION NO.: 003	BUILDING NO.: 001				
COVERAGE BUILDING	LIMIT OF INSURANCE \$ 1,600,000	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 0.0%	
*Replacement Cost					
PREMISES LOCATION NO.: 004	BUILDING NO.: 001				
COVERAGE BUILDING	LIMIT OF INSURANCE \$ 1,450,000	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 0.0%	
*Replacement Cost					
PREMISES LOCATION NO.: 005	BUILDING NO.: 001				
COVERAGE BUILDING	LIMIT OF INSURANCE \$ 3,824,020	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 2.0%	
*Replacement Cost					
PREMISES LOCATION NO.: 006	BUILDING NO.: 001				
COVERAGE BUILDING	LIMIT OF INSURANCE \$ 1,436,000	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 2.0%	
*Replacement Cost					
PREMISES LOCATION NO.: 007	BUILDING NO.: 001				
COVERAGE BUILDING	LIMIT OF INSURANCE \$ 7,026,000	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 0.0%	
*Replacement Cost					
PREMISES LOCATION NO.: 008	BUILDING NO.: 001				
COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD	

BUSINESS OWNERS PROPERTY COVERAGE

BUILDING *Replacement Cost	\$ 3,120,000	RC*	N/A	0.0%
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PREMISES LOCATION NO.: 009 BUILDING NO.: 001

COVERAGE BUILDING *Replacement Cost	LIMIT OF INSURANCE \$ 1,500,000	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 0.0%
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BUSINESS PERSONAL PROPERTY *Replacement Cost	\$ 1,000	RC*	N/A	0.0%
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COVERAGE EXTENSIONS:

Accounts Receivable	\$ 25,000
Valuable Papers	\$ 25,000

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.



One Tower Square, Hartford, Connecticut 06183

MORTGAGEES:**POLICY NO.:** 680-0E003121-15-42**ISSUE DATE:** 12/24/2015

PREMISES LOCATION NUMBER	BUILDING NUMBER	MORTGAGE HOLDER NAME AND MAILING ADDRESS
001	001	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA 2100 ROSS AVE STE 2500 DALLAS TX 75201
002	001	STANCORP MORTGAGE INVESTORS LLC, OR ITS ASSIGNEE 3500 AMERICAN BLVD W C/O NORTH MARQ CAPITAL, #500 BLOOMINGTON MN 55431
004	001	CITIBANK (WEST) FSB PO BOX 193924 SAN FRANCISCO CA 94119
005	001	WELLS FARGO BANK NA AS MASTER SERVICER CMS INS.C/O DSR IMG D1118-02W 1525 WEST WT HARRIS BLVD. CHARLOTTE NC 28262
006	001	WELLS FARGO BANK NA AS MASTER SERVICER CMS INS.C/O DSR IMG D1118-02W 1525 WEST WT HARRIS BLVD CHARLOTTE NC 28262
006	001	BRANCH BANKING & TRUST CO PO BOX 25610C CHARLOTTE NC 28229



One Tower Square, Hartford, Connecticut 06183

MORTGAGEES:

POLICY NO.: 680-0E003121-15-42
ISSUE DATE: 12/24/2015

PREMISES LOCATION NUMBER	BUILDING NUMBER	MORTGAGE HOLDER NAME AND MAILING ADDRESS
007	001	UNITED BANK, ISAIAH, ATIMA 5530 LEE HWY ARLINGTON VA 22207
007	001	GREENHILL CAPITAL INVESTMENT LLC 4901 FAIRMONT AVE STE 200 BETHESDA MD 20814
008	001	BANK OF GEORGETOWN 1115 30TH ST NW WASHINGTON DC 20007



One Tower Square, Hartford, Connecticut 06183

ADDITIONAL LOCATIONS
BUILDING PACPOLICY NO.: 680-0E003121-15-42
ISSUE DATE: 12/24/2015THIS SCHEDULE OF LOCATIONS AND BUILDINGS APPLIES
TO THE COMMON DECLARATIONS FOR THE PERIOD

12/31/2015 to 12/31/2016

PREMISES LOCATION NUMBER	BUILDING NUMBER	OCCUPANCY	ADDRESS
001	001	RETAIL STORES	1927- 1931 OLD GALLONS VIENNA VA 22027
002	001	BLDG. OWNER	47020 HARRY BYRD HWY STERLING VA 20164
003	001	BUILDING	11015 MAIN ST FAIRFAX VA 22030
004	001	BUILDING	101 N FREDERICK AVE GAITHERSBURG MD 20877
005	001	BUILDING	8133 WATSON ST MCLEAN VA 22102
006	001	BUILDING	8119 WATSON ST MCLEAN VA 22102
007	001	BUILDING	1200 SEVERN WAY STERLING VA 20166
008	001	BUILDING	4191 DALE BLVD DALE CITY VA 22193
009	001	MATTRESS DISC	12260 ROCKVILLE PIKE ROCKVILLE MD 20852

POLICY NUMBER: 680-0E003121-15-42

MASTER PAC
ISSUE DATE: 12/24/2015

MASTER PAC ACCOUNT EXPOSURE ENDORSEMENT

SCHEDULE

Description: VACANT LAND

Address: 45448 E. SEVERN WAY
STERLING VA 20166

Limit: \$ INCLUDED IN GL LIMITS
Exposure Base: 5 ACRES
Deductible:
Line of Insurance: GENERAL LIABILITY

Description: VACANT LAND

Address: DURHAM AVENUE
METUCHEN NJ 08840

Limit: \$ INCLUDED IN GL LIMITS
Exposure Base: 3 ACRES
Deductible:
Line of Insurance: GENERAL LIABILITY

Description: VACANT LAND

Address: 700 MIDDLESEX AVE LOT 37.01
METUCHEN NJ 08840

Limit: \$ INCLUDED IN GL LIMITS
Exposure Base: 6 ACRES
Deductible:
Line of Insurance: GENERAL LIABILITY

This is an extension of all coverages and provisions provided by the Master Pac declaration (MP T0 01) and all forms and endorsements contained therein.



One Tower Square, Hartford, Connecticut 06183

SPECIAL PROVISIONS:
LOSS PAYEE:

POLICY NO.: 680-0E003121-15-42
ISSUE DATE: 12/24/2015

PREMISES LOCATION NUMBER	BUILDING NUMBER	LOSS PAYEE NAME AND MAILING ADDRESS
002	001	NORTHMARQ CAPITAL 3500 AMERICAN BLVD W STE 500 MINNEAPOLIS MN 55431

POLICY NUMBER: 680-08003121-15-42

COMMERCIAL PROPERTY
ISSUE DATE: 12/24/2015**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LOSS PAYABLE PROVISIONS**

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
 BUILDERS' RISK COVERAGE FORM
 CONDOMINIUM ASSOCIATION COVERAGE FORM
 CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
 STANDARD PROPERTY POLICY

SCHEDULE

Prem. No. 002	Bldg. No. 001		
Description of Property BUSINESS INCOME		Loss Payee (Name & Address) NORTHMARQ CAPITAL	
		3500 AMERICAN BLVD W STE 500 MINNEAPOLIS	MN 55431
Provisions Applicable:	X	Loss Payable	Lenders Loss Payable

- A. When this endorsement is attached to the STANDARD PROPERTY POLICY CP 00 99 the term Coverage Part in this endorsement is replaced by the term Policy.

The following is added to the LOSS PAYMENT Loss Condition, as indicated in the Declarations or by an "X" in the Schedule:

B. LOSS PAYABLE

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

1. Adjust losses with you; and
2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

C. LENDER'S LOSS PAYABLE

1. The Loss Payee shown in the Schedule or in the Declarations is a creditor, including a mortgageholder or trustee, whose interest in Covered Property is established by such written instruments as:

- a. Warehouse receipts;
- b. A contract for deed;
- c. Bills of lading;
- d. Financing statements; or
- e. Mortgages, deeds of trust, or security agreements.

2. For Covered Property in which both you and a Loss Payee have an insurable interest:

- a. We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interests may appear
- b. The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property
- c. If we deny your claim because of your acts or because you have failed to comply with terms of the Coverage Part the Loss Payee will still have the right to receive loss payment if the Loss Payee:

COMMERCIAL PROPERTY

- (1) Pays any premium due under this Coverage Part at our request if you have failed to do so;
- (2) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
- (3) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of this Coverage Part will then apply directly to the Loss Payee.

- d. If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:
 - (1) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and
 - (2) The Loss Payee's rights to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

3. If we cancel this policy, we will give written notice to the Loss Payee at least:
 - a. 10 days before the effective date of cancellation if we cancel for your non-payment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
4. If we elect not to renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of this policy.

D. CONTRACT OF SALE

1. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered a contract with for the sale of Covered Property.
2. For Covered Property in which both you and the Loss Payee have an insurable interest, we will:
 - a. Adjust losses with you; and
 - b. Pay any claim for loss or damage jointly to you and the Loss Payee, as interest may appear.
3. The following is added to the OTHER INSURANCE Condition:
For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-15-42
ISSUE DATE: 12/24/2015

BUSINESS OWNERS POLICY NUMBER: 680 - 0E003121
ISSUE DATE: 08/06/2015

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ASSIGNMENT OF BUSINESS INCOME

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS COVERAGE PART

A. SCHEDULE Premises Location No: 02 Building No: 01

Loss Payee (Name & Address):

STANCORP MORTGAGE INVESTORS

LLC, OR ITS ASSIGNS

3500 AMERICAN BLVD W, STE #500

C/O NORTH MARQ CAPITAL

BLOOMINGTON

MN 55431

B. IMPORTANT NOTICE OF APPLICATION OF THIS ENDORSEMENT

This endorsement amends your policy to add an assignment of the loss payment for some covered business income losses to a specified financial institution. This assignment of your business income loss payment has been included solely at the request of you and your agent or broker.

Please note that the proceeds from business income coverage are intended to help insured businesses continue their operations and avoid losing income or going into bankruptcy following a covered direct physical loss to their property. Assigning the business income loss payment to another party could put a business's ability to continue its operations at risk, since the business may not otherwise have the funds required to pay its debts and its continuing operating expenses. It is not in an insured business's best interest to allow any third party to require such assignment.

Also please note that the inclusion of the business income loss payment assignment to the specified financial institution in your new policy will not, under any circumstances:

Make Travelers a party to any contract between you and the specified financial institution; Validate the specified financial institution's legal right to require such assignment or receive such loss payment; or Increase Travelers' liability for any loss under your policy.

In addition, Travelers will not be liable to you, any creditor of yours or any other third party for any damages claimed as a result of Travelers' payment to the named financial institution to which you have assigned your business income loss payments.

C. The BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows: The following is added to Paragraph 5. Loss Payment Business Income and Extra Expense under Paragraph E. Property Loss Conditions for the described premises and Loss Payee shown in the Schedule above.

LOSS PAYABLE

For Covered Business Income in which both you and a Loss Payee shown in the Schedule above have an insurable interest, we will:

1. Adjust losses with you; and

2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

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GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-15-42
ISSUE DATE: 12/24/2015

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GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-15-42
ISSUE DATE: 12/24/2015

BUSINESS OWNERS
POLICY NUMBER: 680 0E003121
ISSUE DATE: 7/17/15

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ
IT CAREFULLY
ASSIGNMENT OF BUSINESS INCOME

This endorsement modifies insurance provided under the following
BUSINESS OWNERS COVERAGE PART

A. SCHEDULE

Premises Location No. 02

Building No. 01

Loss Payee (Name & Address):

Northmarq Capital
10 HIGH STREET, FL 1
BOSTON, MA 02110

B. IMPORTANT NOTICE OF APPLICATION OF THIS
ENDORSEMENT

This endorsement amends your policy to add an assignment of the
loss payment for some covered business income losses to a
specified

financial institution. This assignment of your business
income loss payment has been included solely at the request of you
and your agent or broker.

Please note that the proceeds from business income coverage
are intended to help insured businesses continue their operations
and avoid losing income or going into bankruptcy following a
covered direct physical loss to their property. Assigning the
business income loss payment to another party could put a
business's ability to continue its operations at risk since the
business may not otherwise have the funds required to pay its debts
and its continuing operating expenses. It is not in an insured
business's best interest to allow any third party to require such
assignment.

Also please note that the inclusion of the business income loss
payment assignment to the specified financial institution in your
new policy will not under any circumstances

make Travelers a party to any contract between you and
the specified financial institution

Validate the specified financial institutions legal right
to require such assignment or receive such loss payment or
increase Travelers liability for any loss under your policy.

In addition Travelers will not be liable to you any creditor of yours
or any other third party for any damages claimed as a result of
Travelers payment to the named financial institution to which you
have assigned

your business income loss payments.

C. The BUSINESS OWNERS PROPERTY COVERAGE SPECIAL

FORM is changed as follows

The following is added to Paragraph 5. Loss Payment Business
Income and Extra Expense under Paragraph E. Property Loss

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-15-42
ISSUE DATE: 12/24/2015

Conditions for the described premises and Loss Payee shown in the Schedule above.

LOSS PAYABLE

For Covered Business Income in which both you and a Loss Payee shown in the Schedule above have an insurable interest we will

1. Adjust losses with you and
2. Pay any claim for loss or damage jointly to you and the Loss Payee as interests may appear.

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POLICY NUMBER: 680-0E003121-15-42

BUSINESS OWNERS
ISSUE DATE: 12/24/2015

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SEWER OR DRAIN BACK UP EXTENSION

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM

SCHEDULE

Limit of Insurance \$ 50000

The following is added to Paragraph A. 7. Coverage Extensions :

Water or Sewage Back Up and Sump Overflow

- (1) When the Declarations show that you have coverage for Building or Business Personal Property, you may extend that insurance to apply to direct physical loss of or damage to Covered Property at the described premises caused by or resulting from water or sewage that backs up or overflows from a sewer, drain or sump.
- (2) When the Declarations show that you have coverage for Business Income and Extra Expense,

you may also extend that insurance to apply to the actual loss of Business Income you sustain and reasonable and necessary Extra Expense you incur caused by or resulting from water or sewage that backs up or overflows from a sewer, drain or sump.

- (3) Paragraph B.1.g.(3) does not apply to this Coverage Extension.
- (4) The most we will pay under this Coverage Extension in any one occurrence at each described premises is the Limit of Insurance shown in the Schedule above.

POLICY NUMBER: 680-03003121-15-42

BUSINESS OWNERS
ISSUE DATE: 12/24/2015

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED LOCATIONS AND RESTAURANTS

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS COVERAGE PART

SCHEDULE*

Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable	Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable
007	001	P-1			

1. The following is added to the:

BUSINESS OWNERS PROPERTY COVERAGE
SPECIAL FORM
BUSINESS OWNERS PROPERTY COVERAGE
STANDARD FORM

PROTECTIVE SAFEGUARDS

- a. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.

b. The protective safeguards to which this endorsement applies are identified by the following symbols:

"P-1" Automatic Sprinkler System, including related supervisory services

Automatic Sprinkler System means:

- (1) Any automatic fire protective or extinguishing system, including connected:
 - (a) Sprinklers and discharge nozzles;

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations

BUSINESSOWNERS

- (b) Ducts, pipes, valves and fittings;
 - (c) Tanks, their component parts and supports; and
 - (d) Pumps and private fire protection mains.
- (2) When supplied from an automatic fire protective system:
- (a) Non-automatic fire protective systems; and
 - (b) Hydrants, standpipes and outlets.

2. The following is added to the EXCLUSION section of:

BUSINESSOWNERS PROPERTY COVERAGE

SPECIAL FORM

BUSINESSOWNERS PROPERTY COVERAGE
STANDARD FORM

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you:

- a. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
- b. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

"P-9"

BUSINESSOWNERS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

This endorsement modifies Insurance provided under the following:

BUSINESSOWNERS COVERAGE PART

The federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA") establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). "Act Of Terrorism" is defined in Section 102(1) of TRIA to mean any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The Federal Government's share of compensation for such Insured Losses is established by TRIA and is a percentage of the amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA). Through 2020, that percentage is established by TRIA as follows:

85% with respect to such Insured Losses occurring in calendar year 2015.

84% with respect to such Insured Losses occurring in calendar year 2016.

83% with respect to such Insured Losses occurring in calendar year 2017.

82% with respect to such Insured Losses occurring in calendar year 2018.

81% with respect to such Insured Losses occurring in calendar year 2019.

80% with respect to such Insured Losses occurring in calendar year 2020.

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

The charge for such Insured Losses under this Coverage Part is included in the Coverage Part premium. The charge for such Insured Losses that has been included for this Coverage Part is indicated below, and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA:

- 4% of your total Businessowners Coverage Part premium if your primary location is in a Designated City (as listed below).
- 2% of your total Businessowners Coverage Part premium if your primary location is not in a Designated City (as listed below).

BUSINESS OWNERS

Designated Cities are:			
Albuquerque, NM	El Paso, TX	Miami, FL	San Diego, CA
Atlanta, GA	Fort Worth, TX	Milwaukee, WI	San Antonio, TX
Austin, TX	Fresno, CA	Minneapolis, MN	San Francisco, CA
Baltimore, MD	Honolulu, HI	Nashville-Davidson, TN	San Jose, CA
Boston, MA	Houston, TX	New Orleans, LA	Seattle, WA
Charlotte, NC	Indianapolis, IN	New York, NY	St. Louis, MO
Chicago, IL	Jacksonville, FL	Oakland, CA	Tucson, AZ
Cleveland, OH	Kansas City, MO	Oklahoma City, OK	Tulsa, OK
Colorado Springs, CO	Las Vegas, NV	Omaha, NE	Virginia Beach, VA
Columbus, OH	Long Beach, CA	Philadelphia, PA	Washington, DC
Dallas, TX	Los Angeles, CA	Phoenix, AZ	Wichita, KS
Denver, CO	Memphis, TN	Portland, OR	
Detroit, MI	Mesa, AZ	Sacramento, CA	

POLICY NUMBER: 680-08003121-15-42

BUSINESS OWNERS
ISSUE DATE: 12/24/2015

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EQUIPMENT BREAKDOWN – INCREASED SUB-LIMIT FOR SPECIFIC EQUIPMENT

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM

A. SCHEDULE

Premises Location No.	Building No.	Specific Equipment Sub-limit
002	001	\$ 1,500,000
003	001	\$ 160,000

B. The BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows:

1. For each of the described premises shown in the schedule above, the sub-limit referenced in Paragraph A.7.I.(8) is increased from \$100,000 to the amount shown in the schedule above for such described premises.

POLICY NUMBER: 680-0E003121-15-42

BUSINESS OWNERS
ISSUE DATE: 12/24/2015**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****REPLACEMENT COST PLUS-VIRGINIA**

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM

A. SCHEDULE

Premises	
Location	
Number	
ALL	ALL

B. The BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows:

1. For the described premises shown in the schedule above, Paragraph E.4.e.(1) is replaced by the following, but only with respect to building valuation:
 - (1) At Replacement Cost (without deduction for depreciation).
 - (a) You may make a claim for loss or damage covered by this insurance on an actual cash value basis instead of on a replacement cost basis. In the event you elect to have loss or damage settled on an actual cash value basis, you may still make a claim on a replacement cost basis if you notify us of your intent to do so within 6 months after the loss or damage.
 - (b) We will not pay on a replacement cost basis for any loss or damage:
 - (i) Until the lost or damaged property is actually repaired or replaced; and
 - (ii) Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage.

(c) We will not pay more for loss or damage on a replacement cost basis than the least of Paragraphs (I), (II) or (III) subject to Paragraph (d) below:

- (I) The cost to replace, on the same premises, the lost or damaged property with other property:
 - (a) Of comparable design, material and quality; and
 - (b) Used for the same purpose;
- (II) The amount you actually spend that is necessary to repair or replace the lost or damaged property; or
- (III) Up to 125% of the Limit of Insurance shown in the Declarations for Building at the described premises.

If a building is rebuilt at a new premises, the cost described in Paragraph (I) above is limited to the cost which would have been incurred if the building had been rebuilt at the original premises.

- (d) The cost of repair or replacement does not include the increased cost

BUSINESS OWNERS

attributable to enforcement of any ordinance or law regulating the construction, use or repair of any property.

- (e) Paragraph F.10. does not apply to buildings at the described premises shown in the schedule above.
2. The following condition is added with respect to this endorsement:

REPORTING PROVISIONS

You agree to report to us, within 90 days of the start of construction or acquisition, the full replacement cost of:

- a. Additions to or alterations of the above buildings;
- b. Personal property owned by you to maintain or service the above building or premises; and
- c. Permanently attached fixtures, machinery and equipment.

If you do not do so and the total replacement cost of such unreported items is more than \$10,000, any loss occurring thereafter will be adjusted with a penalty equal to the percentage that the total replacement cost of the unreported items bears to the total replacement cost of the building at the time of loss.

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-15-42
ISSUE DATE: 12/24/2015

BUSINESS OWNERS POLICY NUMBER: 680-0E003121 ISSUE DATE: 07/23/2015 THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY ASSIGNMENT OF BUSINESS INCOME This endorsement modifies insurance provided under the following: BUSINESS OWNERS COVERAGE PART A. SCHEDULE Premises Location No:2 Building No:1 Loss Payee (StanCorp Mortgage Investors, LLC Mortgage Loan Servicing, PSB11E 920 SW 6th Avenue Portland, OR 97204); B. IMPORTANT NOTICE OF APPLICATION OF THIS ENDORSEMENT This endorsement amends your policy to add an assignment of the loss payment for some covered business income losses to a specified financial institution. This assignment of your business income loss payment has been included solely at the request of you and your agent or broker. Please note that the proceeds from business income coverage are intended to help insured businesses continue their operations and avoid losing income or going into bankruptcy following a covered direct physical loss to their property. Assigning the business income loss payment to another party could put a business's ability to continue its operations at risk, since the business may not otherwise have the funds required to pay its debts and its continuing operating expenses. It is not in an insured business's best interest to allow any third party to require such assignment. Also please note that the inclusion of the business income loss payment assignment to the specified financial institution in your new policy will not, under any circumstances: Make Travelers a party to any contract between you and the specified financial institution; Validate the specified financial institution's legal right to require such assignment or receive such loss payment; or Increase Travelers' liability for any loss under your policy. In addition, Travelers will not be liable to you, any creditor of yours or any other third party for any damages claimed as a result of Travelers' payment to the named financial institution to which you have assigned your business income loss payments. C. The BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows: The following is added to Paragraph 5. Loss Payment Business Income and Extra Expense under Paragraph E. Property Loss Conditions for the described premises and Loss Payee shown in the Schedule above. LOSS PAYABLE For Covered Business Income in which both you and a Loss Payee shown in the Schedule above have an insurable interest, we will: 1. Adjust losses with you; and 2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear. MP T8 01 12 15 copyright 2011 The Travelers Indemnity Company. All rights reserved Includes copyrighted material of Insurance Services Office, Inc. with its permission. Page 1 of 1

POLICY NUMBER: 680-0E003121-15-42

BUSINESS OWNERS
ISSUE DATE: 12/24/2015**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ORDINANCE OR LAW COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM

SCHEDULE*

Prem. Loc. No.	Bldg. No.	Coverage A Applies:	Coverage B Limit of Insurance	Coverage C Limit of Insurance	Coverage B and C Combined Limit Of Insurance
001	001	YES	\$ 425,000	\$ 425,000	
002	001	YES	\$ 150,000	\$ 150,000	
003	001	YES	\$ 160,000	\$ 160,000	
004	001	YES	\$ 112,000	\$ 112,000	
005	001	YES	\$ 300,000	\$ 300,000	
006	001	YES	\$ 100,000	\$ 100,000	

- A. Each Coverage – Coverage A, Coverage B and Coverage C – is provided under this endorsement only if that Coverage(s) is chosen by entry in the above Schedule and then only with respect to the building identified for that Coverage(s) in the Schedule.

B. Application Of Coverage(s)

The Coverage(s) provided by this endorsement apply only if both B.1. and B.2. are satisfied and are then subject to the qualifications set forth in B.3.

1. The ordinance or law:

- a. Regulates the demolition, construction or repair of buildings, or establishes zoning or land use requirements at the described premises; and

- b. Is in force at the time of loss.

But coverage under this endorsement applies only in response to the minimum requirements of the ordinance or law. Losses and costs incurred in complying with recommended actions or standards that exceed actual requirements are not covered under this endorsement.

2. a. The building sustains direct physical damage that is covered under this policy and such damage results in enforcement of the ordinance or law; or

- b. The building sustains both direct physical damage that is covered under this policy and direct physical damage that is not covered under this policy, and the building damage in its entirety results in enforcement of the ordinance or law.
- c. But if the building sustains direct physical damage that is not covered under this policy, and such damage is the subject of the ordinance or law, then there is no coverage under this endorsement even if the building has also sustained covered direct physical damage.

3. In the situation described in B.2.b. above, we will not pay the full amount of loss otherwise payable under the terms of Coverages A, B, and/or C of this endorsement. Instead, we will pay a proportion of such loss; meaning the proportion that the covered direct physical damage bears to the total direct physical damage.

(Section H. of this endorsement provides an example of this procedure.)

However, if the covered direct physical damage, alone, would have resulted in enforcement of the ordinance or law, then we will pay the full amount of loss otherwise payable under the terms of Coverages A, B and/or C of this endorsement.

BUSINESS OWNERS**C. We will not pay under Coverage A, B or C of this endorsement for:**

1. Enforcement of any ordinance or law which requires the demolition, repair, replacement, reconstruction, remodeling or remediation of property due to contamination by "pollutants" or due to the presence, growth, proliferation, spread or any activity of "fungus", wet or dry rot or bacteria; or
2. The costs associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants", "fungus", wet or dry rot or bacteria.

D. COVERAGE**1. Coverage A – Coverage For Loss to the Undamaged Portion of the Building**

With respect to the building that has sustained covered direct physical damage, we will pay under Coverage A for the loss in value of the undamaged portion of the building as a consequence of enforcement of an ordinance or law that requires demolition of undamaged parts of the same building.

Coverage A is included in the Limit of Insurance shown in the Declarations as applicable to the covered building. Coverage A does not increase the Limit of Insurance.

2. Coverage B – Demolition Cost Coverage

With respect to the building that has sustained covered direct physical damage, we will pay the cost to demolish and clear the site of undamaged parts of the same building, as a consequence of enforcement of an ordinance or law that requires demolition of such undamaged property.

If optional coinsurance is applicable to the building, the Coinsurance Condition does not apply to Demolition Cost Coverage.

3. Coverage C – Increased Cost of Construction Coverage

With respect to the building that has sustained covered direct physical damage, we will pay the increased cost to:

- a. Repair or reconstruct damaged portions of that building; and/or
- b. Reconstruct or remodel undamaged portions of that building, whether or not demolition is required;

when the increased cost is a consequence of enforcement of the minimum requirements of the ordinance or law.

However:

- (1) This coverage applies only if the restored or remodeled property is intended for similar occupancy as the current property, unless such occupancy is not permitted by zoning or land use ordinance or law.
- (2) We will not pay for the increased cost of construction if the building is not repaired, reconstructed or remodeled.

If optional Coinsurance is applicable to the building, the Coinsurance Condition does not apply to Increased Cost of Construction Coverage.

E. LOSS PAYMENT

1. All following loss payment Provisions, E.2. through E.5., are subject to the apportionment procedures set forth in Section B.3. of this endorsement.

2. When there is a loss in value of an undamaged portion of a building to which Coverage A applies, the loss payment for that building, including damaged and undamaged portions, will be determined as follows:

- a. If Replacement Cost coverage applies and the property is being repaired or replaced, on the same or another premises, we will not pay more than the lesser of:

(1) The amount you would actually spend to repair, rebuild or reconstruct the building, but not for more than the amount it would cost to restore the building on the same premises and to the same height, floor area, style and comparable quality of the original property Insured; or

(2) The Limit of Insurance shown in the Declarations as applicable to the covered building.

- b. If Replacement Cost coverage applies and the property is not repaired or replaced, or if the optional Actual Cash Value is applicable to real property, we will not pay more than the lesser of:

(1) The actual cash value of the building at the time of loss; or

(2) The Limit of Insurance shown in the Declarations as applicable to the covered building.

BUSINESS OWNERS

3. Unless Paragraph E.5. applies, loss payment under Coverage B – Demolition Cost Coverage will be determined as follows:

We will not pay more than the lesser of the following:

- The amount you actually spend to demolish and clear the site of the described premises; or
- The applicable Limit of Insurance shown for Coverage B in the Schedule above.

4. Unless Paragraph E.5. applies, loss payment under Coverage C – Increased Cost of Construction Coverage will be determined as follows:

- a. We will not pay under Coverage C:

- Until the property is actually repaired or replaced, at the same or another premises; and
- Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.

- b. If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay under Coverage C is the lesser of:

- The Increased cost of construction at the same premises; or
- The applicable Limit of Insurance shown for Coverage C in the Schedule above.

- c. If the ordinance or law requires relocation to another premises, the most we will pay under Coverage C is the lesser of:

- The Increased cost of construction at the new premises; or
- The applicable Limit of Insurance shown for Coverage C in the Schedule above.

5. If a Combined Limit of Insurance is shown for Coverages B and C in the Schedule above, Paragraphs E.3. and E.4. of this endorsement do not apply with respect to the building that is subject to the Combined Limit, and the following loss payment provisions apply instead:

The most we will pay, for the total of all covered losses for Demolition Cost and Increased Cost of Construction, is the Combined Limit of Insurance shown for Coverages

B and C in the Schedule above. Subject to this Combined Limit of Insurance, the following loss payment provisions apply:

- For Demolition Cost, we will not pay more than the amount you actually spend to demolish and clear the site of the described premises.

- With respect to the Increased Cost of Construction:

- We will not pay for the increased cost of Construction:

- Until the property is actually repaired or replaced, at the same or another premises; and

- Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.

- If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the same premises.

- If the ordinance or law requires relocation to another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the new premises.

- F. The terms of this endorsement apply separately to each building to which this endorsement applies.

- G. Under this endorsement we will not pay for loss due to any ordinance or law that:

- You were required to comply with before the loss, even if the building was undamaged; and
- You failed to comply with.

- H. Example of Proportionate Loss Payment for Ordinance Or Law Coverage Losses (procedure as set forth in Section B.3. of this endorsement.)

Assume:

- Wind is a Covered Cause of Loss; Flood is an excluded Cause of Loss
- The building has a value of \$200,000
- Total direct physical damage to building: \$100,000

BUSINESS OWNERS

- The ordinance or law in this jurisdiction is enforced when building damage equals or exceeds 50% of the building's value
- Portion of direct physical damage that is covered (caused by wind): \$30,000
- Portion of direct physical damage that is not covered (caused by flood): \$70,000
- Loss under Ordinance Or Law Coverage C of this endorsement: \$60,000

Step 1:

Determine the proportion that the covered direct physical damage bears to the total direct physical damage.

$$\$30,000 \div \$100,000 = .30$$

Step 2:

Apply that proportion to the Ordinance or Law loss.

$$\$60,000 \times .30 = \$18,000$$

In this example, the most we will pay under this endorsement for the Coverage C loss is \$18,000, subject to the applicable Limit of Insurance and any other applicable provisions.

Note: The same procedure applies to losses under Coverages A and B of this endorsement.

I. The following definition is added:

"Fungus" means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.

POLICY NUMBER: 680-DE003121-15-42

BUSINESS OWNERS
ISSUE DATE: 12/24/2015**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ORDINANCE OR LAW COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM

SCHEDULE*

Prem. Loc. No.	Bldg. No.	Coverage A Applies:	Coverage B Limit of Insurance	Coverage C Limit of Insurance	Coverage B and C Combined Limit Of Insurance
007	001	YES	\$ 715,000	\$ 715,000	
008	001	YES	\$ 300,000	\$ 300,000	
009	001	YES	\$ 150,000	\$ 150,000	

A. Each Coverage – Coverage A, Coverage B and Coverage C – Is provided under this endorsement only if Coverage(s) is chosen by entry in the above Schedule and then only with respect to the building identified for that Coverage(s) in the Schedule.

B. Application Of Coverage(s)

The Coverage(s) provided by this endorsement apply only if both B.1. and B.2. are satisfied and are then subject to the qualifications set forth in B.3.

1. The ordinance or law:

- a. Regulates the demolition, construction or repair of buildings, or establishes zoning or land use requirements at the described premises; and

- b. Is in force at the time of loss.

But coverage under this endorsement applies only in response to the minimum requirements of the ordinance or law. Losses and costs incurred in complying with recommended actions or standards that exceed actual requirements are not covered under this endorsement.

- 2. a. The building sustains direct physical damage that is covered under this policy and such damage results in enforcement of the ordinance or law; or

b. The building sustains both direct physical damage that is covered under this policy and direct physical damage that is not covered under this policy, and the building damage in its entirety results in enforcement of the ordinance or law.

- c. But if the building sustains direct physical damage that is not covered under this policy, and such damage is the subject of the ordinance or law, then there is no coverage under this endorsement even if the building has also sustained covered direct physical damage.

- 3. In the situation described in B.2.b. above, we will not pay the full amount of loss otherwise payable under the terms of Coverages A, B, and/or C of this endorsement. Instead, we will pay a proportion of such loss; meaning the proportion that the covered direct physical damage bears to the total direct physical damage.

(Section H. of this endorsement provides an example of this procedure.)

However, if the covered direct physical damage, alone, would have resulted in enforcement of the ordinance or law, then we will pay the full amount of loss otherwise payable under the terms of Coverages A, B and/or C of this endorsement.

BUSINESS OWNERS

C. We will not pay under Coverage A, B or C of this endorsement for:

1. Enforcement of any ordinance or law which requires the demolition, repair, replacement, reconstruction, remodeling or remediation of property due to contamination by "pollutants" or due to the presence, growth, proliferation, spread or any activity of "fungus", wet or dry rot or bacteria; or
2. The costs associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants", "fungus", wet or dry rot or bacteria.

D. COVERAGE**1. Coverage A – Coverage For Loss to the Undamaged Portion of the Building**

With respect to the building that has sustained covered direct physical damage, we will pay under Coverage A for the loss in value of the undamaged portion of the building as a consequence of enforcement of an ordinance or law that requires demolition of undamaged parts of the same building.

Coverage A is included in the Limit of Insurance shown in the Declarations as applicable to the covered building. Coverage A does not increase the Limit of Insurance.

2. Coverage B – Demolition Cost Coverage

With respect to the building that has sustained covered direct physical damage, we will pay the cost to demolish and clear the site of undamaged parts of the same building, as a consequence of enforcement of an ordinance or law that requires demolition of such undamaged property.

If optional coinsurance is applicable to the building, the Coinsurance Condition does not apply to Demolition Cost Coverage.

3. Coverage C – Increased Cost of Construction Coverage

With respect to the building that has sustained covered direct physical damage, we will pay the increased cost to:

- a. Repair or reconstruct damaged portions of that building; and/or
- b. Reconstruct or remodel undamaged portions of that building, whether or not demolition is required;

when the increased cost is a consequence of enforcement of the minimum requirements of the ordinance or law.

However:

- (1) This coverage applies only if the restored or remodeled property is intended for similar occupancy as the current property, unless such occupancy is not permitted by zoning or land use ordinance or law.
- (2) We will not pay for the increased cost of construction if the building is not repaired, reconstructed or remodeled.

If optional Coinsurance is applicable to the building, the Coinsurance Condition does not apply to Increased Cost of Construction Coverage.

E. LOSS PAYMENT

1. All following loss payment Provisions, E.2. through E.5., are subject to the apportionment procedures set forth in Section B.3. of this endorsement.

2. When there is a loss in value of an undamaged portion of a building to which Coverage A applies, the loss payment for that building, including damaged and undamaged portions, will be determined as follows:

a. If Replacement Cost coverage applies and the property is being repaired or replaced, on the same or another premises, we will not pay more than the lesser of:

(1) The amount you would actually spend to repair, rebuild or reconstruct the building, but not for more than the amount it would cost to restore the building on the same premises and to the same height, floor area, style and comparable quality of the original property insured; or

(2) The Limit of Insurance shown in the Declarations as applicable to the covered building.

b. If Replacement Cost coverage applies and the property is not repaired or replaced, or if the optional Actual Cash Value is applicable to real property, we will not pay more than the lesser of:

(1) The actual cash value of the building at the time of loss; or

(2) The Limit of Insurance shown in the Declarations as applicable to the covered building.

BUSINESS OWNERS

3. Unless Paragraph E.5. applies, loss payment under Coverage B – Demolition Cost Coverage will be determined as follows:
- We will not pay more than the lesser of the following:
- The amount you actually spend to demolish and clear the site of the described premises; or
 - The applicable Limit of Insurance shown for Coverage B in the Schedule above.
4. Unless Paragraph E.5. applies, loss payment under Coverage C – Increased Cost of Construction Coverage will be determined as follows:
- We will not pay under Coverage C:
 - Until the property is actually repaired or replaced, at the same or another premises; and
 - Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.
 - If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay under Coverage C is the lesser of:
 - The increased cost of construction at the same premises; or
 - The applicable Limit of Insurance shown for Coverage C in the Schedule above.
 - If the ordinance or law requires relocation to another premises, the most we will pay under Coverage C is the lesser of:
 - The increased cost of construction at the new premises; or
 - The applicable Limit of Insurance shown for Coverage C in the Schedule above.
5. If a Combined Limit of Insurance is shown for Coverages B and C in the Schedule above, Paragraphs E.3. and E.4. of this endorsement do not apply with respect to the building that is subject to the Combined Limit, and the following loss payment provisions apply instead:
- The most we will pay, for the total of all covered losses for Demolition Cost and Increased Cost of Construction, is the Combined Limit of Insurance shown for Coverages

B and **C** in the Schedule above. Subject to this Combined Limit of Insurance, the following loss payment provisions apply:

- For Demolition Cost, we will not pay more than the amount you actually spend to demolish and clear the site of the described premises.
- With respect to the Increased Cost of Construction:
 - We will not pay for the increased cost of Construction:
 - Until the property is actually repaired or replaced, at the same or another premises; and
 - Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.
 - If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay for the Increased cost of construction is the increased cost of construction at the same premises.
 - If the ordinance or law requires relocation to another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the new premises.

F. The terms of this endorsement apply separately to each building to which this endorsement applies.

G. Under this endorsement we will not pay for loss due to any ordinance or law that:

- You were required to comply with before the loss, even if the building was undamaged; and
- You failed to comply with.

H. Example of Proportionate Loss Payment for Ordinance Or Law Coverage Losses (procedure as set forth in Section B.3. of this endorsement.)

Assume:

- Wind is a Covered Cause of Loss; Flood is an excluded Cause of Loss
- The building has a value of \$200,000
- Total direct physical damage to building: \$100,000

BUSINESS OWNERS

- The ordinance or law in this jurisdiction is enforced when building damage equals or exceeds 50% of the building's value
- Portion of direct physical damage that is covered (caused by wind): \$30,000
- Portion of direct physical damage that is not covered (caused by flood): \$70,000
- Loss under Ordinance Or Law Coverage C of this endorsement: \$60,000

Step 1:

Determine the proportion that the covered direct physical damage bears to the total direct physical damage.

$$\$30,000 \div \$100,000 = .30$$

Step 2:

Apply that proportion to the Ordinance or Law loss.

$$\$60,000 \times .30 = \$18,000$$

In this example, the most we will pay under this endorsement for the Coverage C loss is \$18,000, subject to the applicable Limit of Insurance and any other applicable provisions.

Note: The same procedure applies to losses under Coverages A and B of this endorsement.

I. The following definition is added:

"Fungus" means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.

POLICY NUMBER: 680-08003121-15-42

BUSINESS OWNERS
ISSUE DATE: 12/24/2015

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FUNGUS, WET ROT, DRY ROT AND OTHER CAUSES OF LOSS CHANGES

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS PROPERTY COVERAGE PART

A. SCHEDULE

Limited "Fungus", Wet Rot or Dry Rot Coverage:

Direct Damage Limit of Insurance

\$15,000 OR \$25,000 \$50,000 \$100,000 \$250,000

B. The EXCLUSIONS contained in Section B. of the BUSINESS OWNERS PROPERTY COVERAGE FORM are amended as follows:

1. The following exclusion is added to B.1.:

"Fungus", Wet Rot or Dry Rot

- a. We will not pay for loss or damage, or any increase in the amount of loss or damage, caused directly or indirectly by or resulting from the presence, growth, proliferation, spread or any activity of "fungus", wet rot or dry rot.

But if "fungus", wet rot or dry rot results in a "specified cause of loss", we will pay for the loss or damage caused by that "specified cause of loss".

This exclusion does not apply:

- (1) When "fungus", wet rot or dry rot results from fire or lightning; or
- (2) To the extent that coverage is provided in the Additional Coverage – Limited "Fungus", Wet Rot or Dry Rot in Section C.1. below of this endorsement with respect to loss or damage by a cause of loss other than fire or lightning.

2. The exclusions contained in B.2. are amended as follows:

- a. Under exclusion B.2.d.(2), reference to fungus, wet rot or dry rot, mold is deleted.
- b. Exclusion B.2.f. is deleted and replaced by the following:

We will not pay for loss or damage caused by or resulting from continuous or repeated seepage or leakage of water, or the presence or condensation of humidity,

moisture or vapor that occurs over a period of 14 days or more.

C. The Additional Coverages contained in Section A.6. of the BUSINESS OWNERS PROPERTY COVERAGE FORM are amended as follows:

1. The following Additional Coverage is added:

Additional Coverage – Limited "Fungus", Wet Rot or Dry Rot

- a. The coverage described in b. and c. below only applies when the "fungus", wet rot or dry rot is the result of a "specified cause of loss", other than fire or lightning, that occurs during the policy period and only if all reasonable means have been used to save and preserve the property from further damage at the time of and after that occurrence.
- b. Limited "Fungus", Wet Rot or Dry Rot – Direct Damage
 - (1) We will pay for direct physical loss or damage to Covered Property caused by "fungus", wet rot or dry rot, including:
 - (a) The cost of removal of the "fungus", wet rot or dry rot;
 - (b) The cost to tear out and replace any part of the building or other property as needed to gain access to the "fungus", wet rot or dry rot; and
 - (c) The cost of testing performed after removal, repair, replacement or restoration of the damaged property is completed, provided there is a reason to believe that

BUSINESS OWNERS

- "fungus", wet rot or dry rot are present.
- (2) The coverage described in b.(1) above is limited to \$15,000, or the limit of insurance shown in the Schedule of this endorsement for Limited "Fungus", Wet Rot or Dry Rot Coverage - Direct Damage. Regardless of the number of claims, this limit is the most we will pay for the total of all loss or damage under this coverage arising out of all occurrences of "specified causes of loss" (other than fire or lightning) which take place in a 12 month period (starting with the beginning of the present annual policy period). With respect to a particular occurrence of loss which results in "fungus", wet rot or dry rot, we will not pay more than a total of this annual limit even if the "fungus", wet rot or dry rot continues to be present or active, or recurs, in a later policy period.
- (3) The coverage provided under this Limited "Fungus", Wet Rot or Dry Rot Coverage - Direct Damage does not increase the applicable Limit of Insurance on any Covered Property. If a particular occurrence results in loss or damage by "fungus", wet rot or dry rot, and other loss or damage, we will not pay more for the total of all loss or damage than the applicable Limit of Insurance on the Covered Property.
- (4) If there is covered loss or damage to Covered Property that is not caused by "fungus", wet rot or dry rot, loss payment will not be limited by the terms of this Limited "Fungus", Wet Rot or Dry Rot Coverage - Direct Damage, except to the extent that "fungus", wet rot or dry rot causes an increase in the loss. Any such increase in the loss will be subject to the terms of this Limited "Fungus", Wet Rot or Dry Rot Coverage - Direct Damage.
- c. Limited "Fungus", Wet Rot or Dry Rot Coverage - Business Income and Extra Expense
- The following Limited "Fungus", Wet Rot or Dry Rot Coverage provisions for Business Income and Extra Expense apply only if Business Income and/or Extra Ex-
- pense coverage applies to the described premises and only if the suspension of "operations" satisfies all of the terms of the applicable Business Income and/or Extra Expense coverage:
- (1) If the loss which results in the "fungus", wet rot or dry rot does not in itself necessitate a suspension of "operations", but such suspension of "operations" is necessary due to loss or damage to property at the described premises caused by "fungus", wet rot or dry rot, then our payment for Business Income and/or Extra Expense is limited to the amount of loss and/or expense sustained in a period of not more than 30 days. The days need not be consecutive.
- (2) If a covered suspension of "operations" is caused by loss or damage at the described premises by other than "fungus", wet rot or dry rot, but remediation of "fungus", wet rot or dry rot prolongs the "period of restoration", we will pay for loss and/or expense sustained during the delay, regardless of when such a delay occurs during the "period of restoration", but such coverage is limited to 30 days. The days need not be consecutive.
- The coverage provided under this Limited "Fungus", Wet Rot or Dry Rot Coverage - Business Income and Extra Expense is included in, and not in addition to any limit or description of coverage for Business Income shown on the Businessowners Coverage Part Declarations or under the Extra Expense Additional Coverage.
- d. The terms of this Limited Coverage do not increase or reduce the coverage under the Water Damage, Other Liquids, Powder or Molten Damage Additional Coverage Extension or the coverage provided for collapse of buildings or structures under the Collapse of Buildings exclusion.
- D. The DEFINITIONS contained in Section G. are amended as follows:
1. The definition of "Specified Causes of Loss" is deleted and replaced by the following:
"Specified Causes of Loss" means the following: Fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil

BUSINESS OWNERS

commotion; vandalism; leakage from fire extinguishing equipment; sinkhole collapse as defined below; volcanic action; falling objects as limited below; weight of snow, ice or sleet; and water damage as defined below; all only as otherwise insured against in this Coverage Form.

- a. Sinkhole collapse means the sudden sinking or collapse of land into underground empty spaces created by the action of water on limestone or dolomite. This cause of loss does not include:
 - (1) The cost of filling sinkholes; or
 - (2) Sinking or collapse of land into man-made underground cavities.
- b. Falling objects does not include loss or damage to:
 - (1) Personal property in the open; or
 - (2) The "interior of a building or structure", or property inside a building or structure, unless the roof or an outside wall of the building or structure is first damaged by a falling object.
- c. Water damage means accidental discharge or leakage of water or steam as the direct result of the breaking apart or cracking of any part of a system or appliance (other than a sump system including its related equipment and parts) containing water or steam.

When the Causes of Loss – Earthquake endorsement, Causes of Loss – Earthquake Sprinkler Leakage endorsement or Causes of Loss – Broad Form Flood endorsement is included in this policy, "specified causes of loss" also includes such cause of loss, but

only to the extent such cause of loss is insured against under this Coverage Form.

2. The following definition is added:

"Fungus" means any type or form of fungus, including but not limited to mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.

E. Ordinance or Law Coverage Change

Under:

1. The ordinance or law coverage in Section A.6.I. Increased Cost of Construction of the Businessowners Property Coverage Form;
2. Ordinance or Law Coverage endorsement MP T1 35; and
3. Any other Ordinance or Law coverage or Ordinance or Law – Increased "Period of Restoration" coverage provided under this Coverage Part;

the following exclusion is added:

This coverage does not apply to:

- a. Loss caused by or resulting from the enforcement of any ordinance or law which requires the demolition, repair, replacement, reconstruction, remodeling or remediation of property due to the presence, growth, proliferation, spread or any activity of "fungus", wet rot or dry rot; or
- b. Costs associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "fungus", wet rot or dry rot.

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF COVERAGE B – PERSONAL AND ADVERTISING INJURY LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PROVISIONS

A. AMENDMENT OF DEFINITION OF PERSONAL AND ADVERTISING INJURY

The following replaces the definition of "personal and advertising injury" in the **DEFINITIONS** Section:

"Personal and advertising injury" means "personal injury" or "advertising injury".

B. AMENDMENT OF CONTRACTUAL LIABILITY EXCLUSION – EXCEPTION FOR DAMAGES BECAUSE OF PERSONAL INJURY ASSUMED BY NAMED INSURED IN AN INSURED CONTRACT

1. The following is added to Exclusion e., **Contractual Liability**, in Paragraph 2. of **SECTION I – COVERAGES – COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY**:

This exclusion also does not apply to liability for damages because of "personal injury" assumed by you in a contract or agreement that is an "insured contract", provided that the "personal injury" is caused by an offense committed subsequent to the execution of the contract or agreement. Solely for the purposes of liability assumed by you in an "insured contract", reasonable attorney fees and necessary litigation expenses incurred by or for a party other than an insured will be deemed to be damages because of "personal injury", provided that:

- (1) Liability to such party for, or for the cost of, that party's defense has also been assumed by you in the same "insured contract"; and
- (2) Such attorney fees and litigation expenses are for defense of that party against a civil or alternative dispute resolution proceeding in which damages to which this insurance applies are alleged.

2. The following replaces the third sentence of

Paragraph 2. of SUPPLEMENTARY PAYMENTS – COVERAGES A AND B:

Notwithstanding the provisions of Paragraph 2.b.(2) of Section I – Coverage A – Bodily Injury And Property Damage Liability or Paragraph 2.e. of Section I – Coverage B – Personal and Advertising Injury Liability, such payments will not be deemed to be damages because of "bodily injury", "property damage" or "personal injury", and will not reduce the limits of insurance.

3. The following replaces the first paragraph of Paragraph f. of the definition of "insured contract" in the **DEFINITIONS** Section:

- f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury", "property damage" or "personal injury" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

C. ADDITION OF ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION EXCLUSION

The following exclusion is added to Paragraph 2., **Exclusions**, of **SECTION I – COVERAGES – COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY**:

Access Or Disclosure Of Confidential Or Personal Information

"Personal injury" or "advertising injury" arising out of any access to or disclosure of any person's or organization's confidential or personal information.

D. AMENDMENT OF OTHER EXCLUSIONS

1. The following replaces Exclusion b., **Material**

COMMERCIAL GENERAL LIABILITY

Published With Knowledge Of Falsity, in Paragraph 2. of SECTION I – COVERAGES – COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY:**b. Material Published With Knowledge Of Falsity**

"Personal injury" or "advertising injury" arising out of oral or written publication, including publication by electronic means, of material, if done by or at the direction of the insured with knowledge of its falsity.

2. The following replaces Exclusion c., Material Published Prior To Policy Period, in Paragraph 2. of SECTION I – COVERAGES – COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY:**c. Material Published Or Used Prior To Policy Period**

- (1) "Personal Injury" or "advertising injury" arising out of oral or written publication, including publication by electronic means, of material whose first publication took place before the beginning of the policy period; or
- (2) "Advertising Injury" arising out of infringement of copyright, "title" or "slogan" in your "advertisement" whose first infringement in your "advertisement" was committed before the beginning of the policy period.

3. The following replaces Exclusion f., Breach Of Contract, in Paragraph 2. of SECTION I – COVERAGES – COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY:**f. Breach Of Contract**

"Advertising Injury" arising out of a breach of contract.

4. The following replaces Exclusion g., Quality Or Performance of Goods – Failure To Conform To Statements, in Paragraph 2. of SECTION I – COVERAGES – COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY:**g. Quality Or Performance Of Goods – Failure To Conform To Statements**

"Advertising injury" arising out of the failure of goods, products or services to conform with any statement of quality or performance made in your "advertisement".

5. The following replaces Exclusion h., Wrong Description Of Prices, in Paragraph 2. of SECTION I – COVERAGES – COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY:**h. Wrong Description Of Prices**

"Advertising injury" arising out of the wrong description of the price of goods, products or services stated in your "advertisement".

6. The following replaces Exclusion i., Infringement Of Copyright, Patent, Trademark, Or Trade Secret, in Paragraph 2. of SECTION I – COVERAGES – COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY:**i. Intellectual Property**

"Personal Injury" or "advertising injury" arising out of any actual or alleged infringement or violation of any of the following rights or laws, or any other "personal injury" or "advertising injury" alleged in any claim or "suit" that also alleges any such infringement or violation:

- (1) Copyright;
- (2) Patent;
- (3) Trade dress;
- (4) Trade name;
- (5) Trademark;
- (6) Trade secret; or
- (7) Other intellectual property rights or laws.

This exclusion does not apply to:

- (1) "Advertising Injury" arising out of any actual or alleged infringement or violation of another's copyright, "title" or "slogan" in your "advertisement"; or
- (2) Any other "personal Injury" or "advertising injury" alleged in any claim or "suit" that also alleges any such infringement or violation of another's copyright, "title" or "slogan" in your "advertisement".

7. The following replaces Exclusion j., Insureds In Media And Internet Type Businesses, in Paragraph 2. of SECTION I – COVERAGES – COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY:**j. Insureds In Media And Internet Type Businesses**

COMMERCIAL GENERAL LIABILITY

"Personal Injury" or "advertising injury" arising out of an offense committed by an insured whose business is:

- (1) Advertising, "broadcasting" or publishing;
- (2) Designing or determining content of web-sites for others; or
- (3) An Internet search, access, content or service provider.

This exclusion does not apply to Paragraphs a.(1), (2) and (3) of the definition of "personal injury".

For the purposes of this exclusion:

- (1) Creating and producing correspondence written in the conduct of your business, bulletins, financial or annual reports, or newsletters about your goods, products or services will not be considered the business of publishing; and
- (2) The placing of frames, borders or links, or advertising, for you or others anywhere on the Internet will not, by itself, be considered the business of advertising, "broadcasting" or publishing.

8. The following replaces Paragraph (2) of Exclusion n., Pollution-Related, in Paragraph 2. of SECTION I – COVERAGES – COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY:

- (2) Claim or suit by or on behalf of a governmental authority because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

E. AMENDMENT OF WHO IS AN INSURED

The following replaces the introductory phrase of Paragraph 2.a.(1) of SECTION II – WHO IS AN INSURED:

- (1) "Bodily Injury" or "personal injury":

F. AMENDMENT OF LIMITS OF INSURANCE

The following replaces Paragraph 4. of SECTION III – LIMITS OF INSURANCE:

Subject to 2. above, the Personal and Advertising Injury Limit is the most we will pay under Coverage B for the sum of all damages because of all

"personal injury" and "advertising injury" sustained by any one person or organization.

G. ADDITIONAL DEFINITIONS

The following is added to the DEFINITIONS Section:

"Advertising injury":

- a. Means injury, other than "personal injury", caused by one or more of the following offenses:

- (1) Oral or written publication, including publication by electronic means, of material in your "advertisement" that slanders or libels a person or organization or disparages a person's or organization's goods, products or services, provided that the claim is made or the "suit" is brought by a person or organization that claims to have been slandered or libeled, or that claims to have had its goods, products or services disparaged;
- (2) Oral or written publication, including publication by electronic means, of material in your "advertisement" that:
 - (a) Appropriates a person's name, voice, photograph or likeness; or
 - (b) Unreasonably places a person in a false light; or
- (3) Infringement of copyright, "title" or "slogan" in your "advertisement", provided that the claim is made or the "suit" is brought by a person or organization that claims ownership of such copyright, "title" or "slogan".

- b. Includes "bodily injury" caused by one or more of the offenses described in Paragraph a. above.

"Broadcasting" means transmitting any audio or visual material for any purpose:

- a. By radio or television; or
- b. In, by or with any other electronic means of communication, such as the Internet, if that material is part of:
 - (1) Radio or television programming being transmitted;
 - (2) Other entertainment, educational, instructional, music or news programming being transmitted; or
 - (3) Advertising transmitted with any of such programming.

"Personal injury":

COMMERCIAL GENERAL LIABILITY

- a. Means injury, other than "advertising injury", caused by one or more of the following offenses:
 - (1) False arrest, detention or imprisonment;
 - (2) Malicious prosecution;
 - (3) The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, provided that the wrongful eviction, wrongful entry or invasion of the right of private occupancy is committed by or on behalf of the owner, landlord or lessor of that room, dwelling or premises;
 - (4) Oral or written publication, including publication by electronic means, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services, provided that the claim is made or the "suit" is brought by a person or organization that claims to have been slandered or libeled, or that claims to have had its goods, products or services disparaged;
 - or
 - (5) Oral or written publication, including publication by electronic means, of material that:
 - (a) Appropriates a person's name, voice, photograph or likeness; or
 - (b) Unreasonably places a person in a false light.
 - b. Includes "bodily injury" caused by one or more of the offenses described in Paragraph a. above.
- "Slogan":
- a. Means a phrase that others use for the purpose of attracting attention in their advertising.
 - b. Does not include a phrase used as, or in, the name of:
 - (1) Any person or organization, other than you; or
 - (2) Any business, or any of the premises, goods, products, services or work, of any person or organization, other than you.
- "Title" means a name of a literary or artistic work.

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 690-08003121-15-42
ISSUE DATE: 12/24/2015

COMMERCIAL GENERAL LIABILITY
POLICY NUMBER
ISSUE DATE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED
MORTGAGEE ASSIGNEE SUCCESSOR OR RECEIVER

This endorsement modifies insurance provided under the following

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE
NAME OF PERSON OR ORGANIZATION

PROVIDENT BANK ISAOA, ATIMA
PO BOX 1001
ISELIN, NJ 08830-1001

DESIGNATION OF PREMISES

DURHAM AVENUE
METUCHEN, NJ 08840

&

700 MIDDLESEX AVENUE LOT 37.01
METUCHEN, NJ 08840

If no entry appears above information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

1.WHO IS AN INSURED Section II is amended to include as an insured the persons or organizations shown in the Schedule but only with respect to their liability as mortgagee assignee successor or receiver and arising out of the ownership maintenance or use of the premises by you and shown in the Schedule.

2.This insurance does not apply to structural alterations new construction and demolition operations performed by or for that person or

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-15-42
ISSUE DATE: 12/24/2015

organization.

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POLICY NUMBER: 680-08003121-15-42

COMMERCIAL GENERAL LIABILITY
ISSUE DATE: 12/24/2015**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****HIRED AUTO AND NONOWNED AUTO LIABILITY –
VIRGINIA**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM**SCHEDULE**

Insurance is provided only with respect to those coverages for which a specific premium charge is shown:

COVERAGE	ADDITIONAL PREMIUM
Hired Auto Liability	\$ INCLUDED
Nonowned Auto Liability	\$ INCLUDED
LIMIT PER ACCIDENT	\$ 1,000,000

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

PROVISIONS**A. COVERAGE**

If a premium charge is shown in the SCHEDULE above, the insurance provided under Section I – Coverage A – Bodily Injury And Property Damage Liability applies to "bodily injury" and "property damage" caused by an "accident" and resulting from the maintenance or use of a "hired auto" or "nonowned auto". Maintenance or use of a "nonowned auto" includes test driving in connection with an "auto business".

B. EXCLUSIONS

With respect to the insurance provided by this endorsement:

1. The exclusions, under Section I – Coverage A – Bodily Injury And Property Damage Liability, other than exclusions a., b., d., e., f. and i. and the Nuclear Energy Liability Exclusion (Broad Form) are deleted and replaced by the following:
 - a. "Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment.
 - b. "Property damage" to:
 - (1) Property owned or being transported by, or rented or loaned to the insured; or
 - (2) Property in the care, custody or control of the insured.

C. WHO IS AN INSURED

Section II – Who Is An Insured is replaced by the following:

Each of the following is an insured under this insurance to the extent set forth below:

1. You;
2. Anyone else including any partner or "executive officer" of yours while using with your permission a "hired auto" or a "nonowned auto" except:
 - a. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner or lessee of a "nonowned auto" or any agent or "employee" of any such owner or lessee;
 - b. Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household;
 - c. Your "employee" if the covered "auto" is leased, hired or rented by him or her or a member of his or her household under a lease or rental agreement for a period of 180 days or more;
 - d. Any partner or "executive officer" with respect to any "auto" owned by such partner or officer or a member of his or her household;
 - e. Any partner or "executive officer" with respect to any "auto" leased or rented to such partner or officer or a member of

COMMERCIAL GENERAL LIABILITY

- his or her household under a lease or rental agreement for a period of 180 days or more;
- f. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
 - g. Anyone other than your "employees", partners, a lessee or borrower or any of their "employees", while moving property to or from a "hired auto" or a "non-owned auto"; or
 3. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under 1. or 2. above.

D. LIMITS OF INSURANCE

Section III – Limits Of Insurance is amended as follows:

1. Items 2. and 5. do not apply to "bodily injury" and "property damage" caused by an "accident" and resulting from the maintenance or use of a "hired auto" or "nonowned auto".
2. The following is added:
 - B. The LIMIT PER ACCIDENT shown in the SCHEDULE above is the most we will pay under **Section I – Coverage A – Bodily Injury And Property Damage Liability** for "bodily injury" and "property damage" caused by an "accident" and resulting from the maintenance or use of a "hired auto" or "nonowned auto".

E. AMENDED DEFINITIONS

The Definition of "insured contract" of **Section V – Definitions** is amended by the addition of the following exceptions to paragraph f.:

- Paragraph f. does not include that part of any contract or agreement:
- (4) That pertains to the loan, lease or rental of an "auto" to you or any of your "employees".

If the "auto" is loaned, leased or rented with a driver; or

- (5) That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.

F. ADDITIONAL DEFINITIONS

Section V – Definitions is amended by the addition of the following definitions:

1. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage" the insured neither expected nor intended.
2. "Auto Business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
3. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include:
 - a. Any "auto" you lease, hire or rent under a lease or rental agreement for a period of 180 days or more, or
 - b. Any "auto" you lease, hire, rent or borrow from any of your "employees", partners, stockholders, or members of their households.
4. "Nonowned auto" means any "autos" you do not own, lease, hire, rent or borrow that are being used in the course and scope of your business at the time of an "accident". This includes "autos" owned by your "employees" or partners or members of their households but only while being used in the course and scope of your business at the time of an "accident".
If you are a sole proprietor, "nonowned auto" means any "autos" you do not own, lease, hire, rent or borrow that are being used in the course and scope of your business or personal affairs at the time of an "accident".

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION – ACCESS OR DISCLOSURE OF
CONFIDENTIAL OR PERSONAL INFORMATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following exclusion is added to Paragraph 2., Exclusions, of **SECTION I – COVERAGES – COVERAGE A
BODILY INJURY AND PROPERTY DAMAGE LIABILITY**:

Access Or Disclosure Of Confidential Or Personal Information

"Bodily injury" or "property damage" arising out of any access to or disclosure of any person's or organization's confidential or personal information.



One Tower Square, Hartford, Connecticut 06183

EMPLOYMENT PRACTICES LIABILITY⁺
WITH IDENTITY FRAUD EXPENSE
REIMBURSEMENT COVERAGE PART
DECLARATIONS

POLICY NO.: 680-08003121-15-42
ISSUE DATE: 12/24/2015

THIS FORM PROVIDES CLAIMS-MADE COVERAGE WITH DEFENSE EXPENSES INCLUDED IN THE LIMIT OF LIABILITY FOR EMPLOYMENT PRACTICES LIABILITY COVERAGE

INSURING COMPANY: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

POLICY PERIOD: From 12/31/2015 to 12/31/2016 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Employment Practices Liability⁺ With Identity Fraud Expense Reimbursement Coverage Part consists of these Declarations and the Coverage Form shown below.

ITEM 1. LIMIT OF INSURANCE AND RETENTION FOR EMPLOYMENT PRACTICES LIABILITY COVERAGE

Limit of Insurance: \$ 10,000
(Defense Expenses are included within the Limit of Insurance)

Retention Amount applicable to each Employment Practices Liability Claim: \$ 500

ITEM 2. LIMIT OF INSURANCE AND DEDUCTIBLE FOR IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE

Limit of Insurance: \$ 2,500

Deductible Amount applicable to Identity Fraud Expense Reimbursement: \$ 0

ITEM 3. EMPLOYMENT PRACTICES LIABILITY COVERAGE EXTENDED REPORTING PERIOD

Subject to the terms and conditions of the Employment Practices Liability Coverage, an optional Extended Reporting Period may be purchased for 12 months for 75% of the Premium for the Policy Period.

ITEM 4. EMPLOYMENT PRACTICES LIABILITY CONTINUITY DATE

Continuity Date: 12/31/2014

ITEM 5. PREMIUM: INCLUDED

ITEM 6. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING THIS COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING.

EMPLOYMENT PRACTICES LIABILITY*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE FOR FINANCIAL INTEREST IN FOREIGN ORGANIZATIONS – EMPLOYMENT PRACTICES LIABILITY†

This endorsement modifies insurance provided under the following:

EMPLOYMENT PRACTICES LIABILITY* WITH IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE FORM

PROVISIONS

1. The following is added to Paragraph A., Insuring Agreement, of SECTION I – EMPLOYMENT PRACTICES LIABILITY COVERAGE:

In the event of "foreign employment practices loss" incurred by a "foreign insured organization", or by any other insured for whom such "foreign insured organization" is liable, we will reimburse the first Named Insured, or any other Named Insured that is not a "foreign insured organization", for such "foreign employment practices loss" because of its "financial interest" in that "foreign insured organization". For purposes of this insurance, amounts we reimburse under:

- a. Paragraph a. of the definition of "foreign employment practices loss" will be deemed to be "damages" we pay on behalf of such Named Insured under this Employment Practices Liability Coverage; and
 - b. Paragraph b. of the definition of "foreign employment practices loss" will be deemed to be "defense expenses" we pay on behalf of such Named Insured under this Employment Practices Liability Coverage.
2. The following replaces Paragraph A.3. of SECTION I – EMPLOYMENT PRACTICES LIABILITY COVERAGE:
3. This Employment Practices Liability Coverage applies to any "wrongful employment practice" that is committed and "claim" that is made anywhere in the world.
 3. The definition of "prohibited area" in the DEFINITIONS Section of SECTION I – EMPLOYMENT PRACTICES LIABILITY COVERAGE is deleted.
 4. The following is added to the DEFINITIONS Section of SECTION I – EMPLOYMENT

PRACTICES LIABILITY COVERAGE:

"Financial interest" means the insurable interest in a "foreign insured organization" because of:

- a. Sole ownership of, or majority ownership interest in, such "foreign insured organization", either directly or through one or more intervening subsidiaries;
- b. Indemnification of, or a legal obligation to indemnify:
 - (1) Such "foreign insured organization"; or
 - (2) Any other insured for whom such "foreign insured organization" is liable;for a "foreign employment practices liability loss"; or
- c. Any obligation to obtain insurance for such "foreign insured organization".

"Foreign employment practices liability loss" means:

- a. "Damages" we would have paid on account of a "claim" to which this Employment Practices Liability Coverage would have applied; or
- b. "Defense expenses" that we would have paid on account of any "claim" against an insured that we would have defended;

but for the fact that such insured is located in any country or jurisdiction in which we are not licensed to provide this Employment Practices Liability Coverage and where providing this Employment Practices Liability Coverage would violate the laws or regulations of such country or jurisdiction.

"Foreign insured organization" means any organization that:

- a. Is an insured under Paragraph C., Who Is An Insured, of Section I – Employment Practices Liability Coverage; and
- b. Is located in a country or jurisdiction in which

EMPLOYMENT PRACTICES LIABILITY*

we are not licensed to provide this insurance and where providing this insurance would violate the laws or regulations of such country or jurisdiction.

5. The following is added to Paragraph B. of SECTION III – CONDITIONS APPLICABLE TO THIS COVERAGE PART:

Insured's Duties In The Event Of A Claim For Foreign Employment Practices Liability Loss

In the event of a "claim" for "foreign employment practices liability loss" made against a "foreign in-

sured organization", or any other insured for whom such "foreign insured organization" is liable, the first Named Insured must:

- a. Arrange to investigate and defend such "claim";
- b. Notify us in writing in advance of any proposed settlement of such "claim";
- c. Comply with all other conditions of this Coverage Part as if such "claim" was made against any insured that is not a "foreign insured organization".



One Tower Square, Hartford, Connecticut 06163

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 680-0B003121-15-42
ISSUE DATE: 12/24/2015INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2015 to 12/31/2016 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number	001	Building Number	001
Item		Lettering	Limit of Insurance
No.	Type of Sign	TBD	\$10,000
	TBD		

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.

CM TO 98 11 97



One Tower Square, Hartford, Connecticut 06183

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 680-0B003121-15-42
ISSUE DATE: 12/24/2015INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2015 to 12/31/2016 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number	002	Building Number	001
Item		Lettering	Limit of Insurance
No. Type of Sign	TBD	TBD	\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.

CM T0 98 11 97



One Tower Square, Hartford, Connecticut 06163

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 680-0E003121-15-42
ISSUE DATE: 12/24/2015INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2015 to 12/31/2016 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number	003	Building Number	001
Item			
No.	Type of Sign	Lettering	Limit of Insurance
	TBD	TBD	\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.

CM T0 98 11 97



One Tower Square, Hartford, Connecticut 06103

**COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONS****POLICY NUMBER:** 680-0E003121-15-42**ISSUE DATE:** 12/24/2015**INSURING COMPANY:**
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA**DECLARATIONS PERIOD:** From 12/31/2015 to 12/31/2016 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:**SIGNS COVERAGE FORM****Premise Location Number** 004**Building Number** 001**Item****No.** **Type of Sign****Lettering****Limit of Insurance**

TBD

TBD

\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

Limit of Insurance**All Covered Property At All Locations**

\$ 10,000

**2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART;
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.**

CM T0 98 11 97



One Tower Square, Hartford, Connecticut 06183

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 680-0E003121-15-42
ISSUE DATE: 12/24/2015**INSURING COMPANY:**
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2015 to 12/31/2016 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:**SIGNS COVERAGE FORM**

Premise Location Number	005	Building Number	001	
Item	No.	Type of Sign	Lettering	Limit of Insurance
		TBD	TBD	\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

**2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.**

CM T0 98 11 97



One Tower Square, Hartford, Connecticut 06183

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 680-0E003121-15-42
ISSUE DATE: 12/24/2015INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2015 to 12/31/2016 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number	006	Building Number	001
Item			
No.	Type of Sign	Lettering	Limit of Insurance
	TBD	TBD	\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

All Covered Property At All Locations	Limit of Insurance
	\$ 10,000

2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.

CM TO 98 11 97



One Tower Square, Hartford, Connecticut 06183

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 680-03003121-15-42
ISSUE DATE: 12/24/2015INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2015 to 12/31/2016 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number	007	Building Number	001
Item		Lettering	Limit of Insurance
No. Type of Sign	TBD	TBD	\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.

CM TO 98 11 97



One Tower Square, Hartford, Connecticut 06183

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 680-0E003121-15-42
ISSUE DATE: 12/24/2015INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2015 to 12/31/2016 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number	Building Number	
008	001	
Item	Lettering	Limit of Insurance
No. Type of Sign	TBD	\$10,000
TBD		

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.

CM TO 98 11 97



One Tower Square, Hartford, Connecticut 06183

**COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONS**
**POLICY NUMBER: 680-02003121-15-42
ISSUE DATE: 12/24/2015**
INSURING COMPANY:

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2015 to 12/31/2016 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:
SIGNS COVERAGE FORM

Premise Location Number 009

Building Number 001

Item**No. Type of Sign****Lettering****Limit of Insurance**

TBD

TBD

\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

Limit of Insurance
All Covered Property At All Locations

\$ 10,000

**2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.**

CM TO 98 11 97

COMMERCIAL INLAND MARINE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

This endorsement modifies Insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART

The federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA") establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). "Act Of Terrorism" is defined in Section 102(1) of TRIA to mean any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The Federal Government's share of compensation for such Insured Losses is established by TRIA and is a percentage of the amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA). Through 2020, that percentage is established by TRIA as follows:

85% with respect to such Insured Losses occurring in calendar year 2015.

84% with respect to such Insured Losses occurring in calendar year 2016.

83% with respect to such Insured Losses occurring in calendar year 2017.

82% with respect to such Insured Losses occurring in calendar year 2018.

81% with respect to such Insured Losses occurring in calendar year 2019.

80% with respect to such Insured Losses occurring in calendar year 2020.

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

The charge for such Insured Losses under this Coverage Part is included in the Coverage Part premium. The charge for such Insured Losses that has been included for this Coverage Part is indicated below, and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA:

- 1% of your total Commercial Inland Marine Coverage Part premium.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

This endorsement applies to the insurance provided under the following:

COMMERCIAL EXCESS LIABILITY (UMBRELLA) INSURANCE
COMMERCIAL GENERAL LIABILITY COVERAGE PART
CYBERFIRST ESSENTIALS LIABILITY COVERAGE PART
CYBERFIRST LIABILITY COVERAGE
EMPLOYEE BENEFITS LIABILITY COVERAGE PART
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
EMPLOYMENT PRACTICES LIABILITY* WITH IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE PART
ENVIRONMENTAL HAZARD POLICY
EXCESS (FOLLOWING FORM) LIABILITY INSURANCE
LAW ENFORCEMENT LIABILITY COVERAGE PART
LIMITED ABOVE GROUND POLLUTION LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDFIRST PRODUCTS/COMPLETED OPERATIONS, ERRORS AND OMISSIONS, AND INFORMATION SECURITY LIABILITY COVERAGE FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
PUBLIC ENTITY MANAGEMENT LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
SPECIAL PROTECTIVE AND HIGHWAY LIABILITY POLICY - NEW YORK DEPARTMENT OF TRANSPORTATION
TRIBAL BUSINESS MANAGEMENT LIABILITY COVERAGE PART
Any other Commercial Liability coverage included in this policy that is subject to the federal Terrorism Risk Insurance Act of 2002 as amended

PROVISIONS

The federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA") establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). Act Of Terrorism is defined in Section 102(1) of TRIA to mean any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The Federal Government's share of compensation for such Insured Losses is established by TRIA and is a percentage of the amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA). Through 2020, that percentage is established by TRIA as follows:

- 85% with respect to such Insured Losses occurring in calendar year 2015.
- 84% with respect to such Insured Losses occurring in calendar year 2016.
- 83% with respect to such Insured Losses occurring in calendar year 2017.
- 82% with respect to such Insured Losses occurring in calendar year 2018.
- 81% with respect to such Insured Losses occurring in calendar year 2019.
- 80% with respect to such Insured Losses occurring in calendar year 2020.

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

For each coverage provided by this policy that applies to such Insured Losses, the charge for such Insured Losses is included in the premium for such coverage. The charge for such Insured Losses that has been included for each such coverage is indicated below, and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA.

- * 1% of each applicable Commercial Liability Coverage premium.

POLICY NUMBER: 680-0B003121-15-42

ISSUE DATE: 12/24/2015

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED ENTITY – NOTICE OF CANCELLATION/NONRENEWAL PROVIDED BY US

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

SCHEDULE

CANCELLATION:

Number of Days Notice of Cancellation: 30

NONRENEWAL:

Number of Days Notice of Nonrenewal: 30

PERSON OR

ORGANIZATION:

STANCORP MORTGAGE INVESTORS LLC , OR ITS ASSIGNS

ADDRESS:

C/O NORTEMARG CAPITAL 3500 AMERICAN BL
VD.W. STE 500
BLOOMINGTON MN 55431

PROVISIONS:

- A. If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, and a number of days is shown for cancellation in the schedule above, we will mail notice of cancellation to the person or organization shown in the schedule above. We will mail such notice to the address shown in the schedule above at least the number of days shown for cancellation in the schedule above before the effective date of cancellation.
- B. If we decide to not renew this policy for any statutorily permitted reason, and a number of days is shown for nonrenewal in the schedule above, we will mail notice of the nonrenewal to the person or organization shown in the schedule above. We will mail such notice to the address shown in the schedule above at least the number of days shown for nonrenewal in the schedule above before the expiration date.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF COMMON POLICY CONDITIONS – PROHIBITED COVERAGE – UNLICENSED INSURANCE AND TRADE OR ECONOMIC SANCTIONS

This endorsement modifies insurance provided under the following:

ALL COVERAGES INCLUDED IN THIS POLICY

The following is added to the Common Policy Conditions:

Prohibited Coverage – Unlicensed Insurance

1. With respect to loss sustained by any insured, or loss to any property, located in a country or jurisdiction in which we are not licensed to provide this insurance, this insurance does not apply to the extent that insuring such loss would violate the laws or regulations of such country or jurisdiction.
2. We do not assume responsibility for:
 - a. The payment of any fine, fee, penalty or other charge that may be imposed on any person or organization in any country or jurisdiction because we are not licensed to provide insurance in such country or jurisdiction; or

- b. The furnishing of certificates or other evidence of insurance in any country or jurisdiction in which we are not licensed to provide insurance.

Prohibited Coverage – Trade Or Economic Sanctions

We will provide coverage for any loss, or otherwise will provide any benefit, only to the extent that providing such coverage or benefit does not expose us or any of our affiliated or parent companies to:

1. Any trade or economic sanction under any law or regulation of the United States of America; or
2. Any other applicable trade or economic sanction, prohibition or restriction.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART
COMMERCIAL EXCESS LIABILITY (UMBRELLA) INSURANCE
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CYBERFIRST ESSENTIALS LIABILITY COVERAGE PART
CYBERFIRST LIABILITY COVERAGE
DELUXE PROPERTY COVERAGE PART
EMPLOYEE BENEFITS LIABILITY COVERAGE PART
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
EMPLOYMENT PRACTICES LIABILITY* WITH IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE PART
ENVIRONMENTAL HAZARD POLICY
EQUIPMENT BREAKDOWN COVERAGE PART
EXCESS (FOLLOWING FORM) LIABILITY INSURANCE
LAW ENFORCEMENT LIABILITY COVERAGE PART
LIMITED ABOVE GROUND POLLUTION LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDFIRST PRODUCTS/COMPLETED OPERATIONS, ERRORS AND OMISSIONS, AND INFORMATION SECURITY LIABILITY COVERAGE FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
PUBLIC ENTITY MANAGEMENT LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
SPECIAL PROTECTIVE AND HIGHWAY LIABILITY POLICY – NEW YORK DEPARTMENT OF TRANSPORTATION
TRIBAL BUSINESS MANAGEMENT LIABILITY COVERAGE PART
Any other Coverage Part or Coverage Form included in this policy that is subject to the federal Terrorism Risk Insurance Act of 2002 as amended

The following is added to this policy. This provision can limit coverage for any loss arising out of a "certified act of terrorism" if such loss is otherwise covered by this policy. This provision does not apply if and to the extent that coverage for the loss is excluded or limited by an exclusion or other coverage limitation for losses arising out of "certified acts of terrorism" in another endorsement to this policy.

If aggregate insured losses attributable to "certified acts of terrorism" exceed \$100 billion in a calendar year and we have met our Insurer deductible under "TRIA", we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case, Insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of "TRIA", to be an act of terrorism pursuant to "TRIA". The criteria contained in "TRIA" for a "certified act of terrorism" include the following:

1. The act resulted in Insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to "TRIA"; and
2. The act is a violent act or an act that is dangerous to human life, property or Infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"TRIA" means the federal Terrorism Risk Insurance Act of 2002 as amended.

GENERAL PURPOSE ENDORSEMENT

POLICY NUMBER: 680-0E003121-15-42

BUILDING PAC

ISSUE DATE: 12/24/2015

The Named Insured is amended to read:

OJB INVESTMENT GROUP, LC

OJB/RICHMOND HWY, LLC. O.J.B./AJRE JV, LC. OJB/101 NORTH FREDERICK, LC; WATSON
STREET GROUP, LLC CDG-GFI-OJB TENANTS IN COMMON MID-ATLANTIC 9822 SUBSIDIARY, INC.
OJB/12260 ROCKVILLE PIKE, LC O.J.B. AJRE,J.V.LLC WATSON STREET GROUP, LLC.
MID-ATLANTIC 9822 SUBSIDIARY, LLC; METHUCHEN III, LLC; LEE HIGHWAY, LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VIRGINIA CHANGES – APPRAISAL

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART

The Appraisal Condition is replaced by the following:

Appraisal

If we and you disagree on the value of the property or the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. You and we must notify the other of the appraiser selected within 20 days of the written demand for appraisal. The two appraisers will select an umpire. If the appraisers do not agree on the selection of an umpire within 15 days, the insured or the insurer may apply in writing, for the appointment of an umpire, to the judge of the circuit court of the county or city in which the damaged or destroyed property was located at the time of loss. The appraisers will state separately the value of the property and amount of loss. If the appraisers submit a written report of an

agreement to us, the amount agreed upon will be the amount of the loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will set the amount of loss. Any outcome of the appraisal will be binding on both parties.

Each party will:

1. Pay its chosen appraiser; and
2. Bear the other expenses of the appraisal and umpire equally.

However, if we make written demand for an appraisal of the loss, we will reimburse you for the reasonable cost of your chosen appraiser, and for your portion of the cost of the umpire.

If there is an appraisal, we will still retain our right to deny the claim.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VIRGINIA CHANGES

This endorsement modifies Insurance provided under the following when written as part of a Commercial Package Policy containing liability coverage and supersedes the cancellation and nonrenewal provisions contained in any amendatory endorsement(s) of a policy to which this endorsement is attached.

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART

COMMERCIAL INLAND MARINE COVERAGE PART

COMMERCIAL PROPERTY COVERAGE PART

CRIME AND FIDELITY COVERAGE PART

EQUIPMENT BREAKDOWN COVERAGE PART

A. Paragraphs 2., 3. and 5. of the **Cancellation Common Policy Condition** are replaced by the following:

2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation, stating the reason for cancellation, at least:
 - a. 15 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 45 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver written notice to the first Named Insured's last mailing address known to us. If notice is mailed, it will be sent by ordinary mail for which a Certificate of Mailing has been obtained, or by registered or certified mail.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. The cancellation will be effective even if we have not made or offered a refund. The following provisions govern calculation of return premium:
 - a. We will compute return premium pro rata and round to the next higher whole dollar when this policy is cancelled:
 - (1) At our request;
 - (2) Because you no longer have a financial or insurable interest in the property or business operation that is the subject of insurance;

(3) And rewritten by us or a member of our company group; or

(4) After the first year, if it is a prepaid policy written for a term of more than one year.

b. When this policy is cancelled at your request (except when Paragraph a.(2), a.(3) or a.(4) applies), we will return 90% of the pro rata unearned premium, rounded to the next higher whole dollar. However, when such cancellation takes place during the first year of a multi-year prepaid policy, we will return the full annual premium for the subsequent years. In addition, earned premium will not be less than our policywriting minimum premium.

B. The following is added and supersedes any other provision to the contrary:

Nonrenewal

1. If we elect not to renew this policy, we will mail or deliver a notice of nonrenewal to the first Named Insured shown in the Declarations, stating the reason for nonrenewal, at least:
 - a. 15 days before the expiration date if the nonrenewal is due to nonpayment of premium; or
 - b. 45 days before the expiration date if the nonrenewal is for any other reason.
2. We will mail or deliver written notice of nonrenewal to the first Named Insured's last mailing address known to us. If notice is mailed, it will be sent by ordinary mail for which a Certificate of Mailing has been obtained, or by registered or certified mail.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VIRGINIA CHANGES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE PART

A. The BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows:

1. Paragraph E.2. is replaced by the following:
2. **Appraisal**

If we and you disagree on the value of the property or the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. You and we must notify the other of the appraiser selected within 20 days of the written demand for appraisal. The two appraisers will select an umpire. If the appraisers do not agree on the selection of an umpire within 15 days, the insured or the insurer may apply in writing, for the appointment of an umpire, to the judge of the circuit court of the county or city in which the damaged or destroyed property was located at the time of loss. The appraisers will state separately the value of the property and amount of loss. If the appraisers submit a written report of an agreement to us, the amount agreed upon will be the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will set the amount of loss. Any outcome of the appraisal will be binding on both parties. If you make a written demand for an appraisal of the loss, each party will:

- a. Pay its own appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

However, if we make written demand for an appraisal of the loss, we will reimburse you for the reasonable cost of your chosen appraiser, and for your portion of the cost of the umpire.

If there is an appraisal, we will still retain our right to deny the claim.

2. Paragraph E.3.a.(1) does not apply.
3. Paragraph E.4.e.(1)(a) is replaced by the following:

(a) You may make an initial claim for loss or damage covered by this insurance on an actual cash value basis instead of on a replacement cost basis. In the event you elect to have loss or damage settled on an actual cash value basis, you may still make a claim on a replacement cost basis if you notify us of your intent to do so within 6 months of the later of the following dates:

- (i) The last date on which you received a payment for actual cash value; or
- (ii) The date of entry of a final order of a court of competent jurisdiction declaring your right to full replacement cost.

4. Paragraph A.6.g. **Fire Department Service Charge** is replaced by the following:

(1) We will pay for service when the fire department is called to save or protect Covered Property from a Covered Cause of Loss.

Coverage applies to your liability for fire department service charges:

- (a) Assumed by contract or agreement prior to loss; or
- (b) Required by local ordinance.

(2) We will also pay for service when a volunteer fire department is called to save or protect Covered Property from a Covered Cause of Loss.

Coverage applies to your liability for service charges billed to you by a volunteer fire department, provided that the volunteer fire department is not fully funded by real estate taxes or other property taxes.

- (3) In the event that both a fire department and a volunteer fire department respond to a call to save or protect covered prop-

erty from a Covered Cause of Loss, the amount of coverage available for the volunteer fire department's services will be at least \$250. However, this amount is subject to and not in addition to the limit of insurance applicable to this Additional Coverage.

- (4) The most we will pay under this Additional Coverage is \$25,000 in any one occurrence.

B. Paragraph 2., 3, and 5. of the Cancellation COMMON POLICY CONDITIONS are replaced by the following:

2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation, stating the reason for cancellation, at least:
 - a. 15 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 45 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver written notice to the first Named Insured's last mailing address known to us. If notice is mailed, it will be sent by ordinary mail for which a Certificate of Mailing has been obtained, or by registered or certified mail.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. The cancellation will be effective even if we have not made or offered a refund. The following provisions govern calculation of return premium:
 - a. We will compute return premium pro rata and round to the next higher whole dollar when this policy is cancelled:
 - (1) At our request;
 - (2) Because you no longer have a financial or insurable interest in the prop-

erty or business operation that is the subject of insurance;

- (3) And rewritten by us or a member of our company group; or
- (4) After the first year, if it is a prepaid policy written for a term of more than one year.
- b. When this policy is cancelled at your request (except when Paragraph a.(2), a.(3) or a.(4) applies), we will return 90% of the pro rata unearned premium, rounded to the next higher whole dollar. However, when such cancellation takes place during the first year a multi-year prepaid policy, we will return the full annual premium for the subsequent years. In addition, earned premium will not be less than our policy writing minimum premium.

C. The following is added to our COMMON POLICY CONDITIONS and supersedes any other provisions to the contrary:

NONRENEWAL

1. If we elect not to renew this policy, we will mail or deliver a notice of nonrenewal to the first Named Insured, shown in the Declarations, stating the reason for nonrenewal, at least:
 - a. 15 days before the expiration date if the nonrenewal is due to nonpayment of premium; or
 - b. 45 days before the expiration date if the nonrenewal is for any other reason.
2. We will mail or deliver written notice of nonrenewal to the first Named Insured's last mailing address known to us. If notice is mailed, it will be sent by ordinary mail for which a Certificate of Mailing has been obtained, or by registered or certified mail. If notice is mailed, proof of mailing will be sufficient proof of notice.



One Tower Square, Hartford, Connecticut 06183

RENEWAL CERTIFICATE

COMMON POLICY DECLARATIONS
 BUILDING PAC
 BUSINESS:MERCANTILE OTHER

POLICY NO.: 680-0E003121-14-42
 ISSUE DATE: 12/18/2014

INSURING COMPANY:
 TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:

OJB INVESTMENT GROUP, LC
 AND AS PER IL TO 00
 C/O RECYCLAND, LLC
 8101 GLENBROOK RD., STE. B
 BETHESDA MD 20814

2. POLICY PERIOD: From 12/31/2014 to 12/31/2015 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS:

PREM.	BLDG.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
NO.	NO.		

SEE IL TO 20 02 05

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS AND SUPPLEMENTS

INSURING COMPANY

Businessowners Coverage Part

TIL

Commercial Inland Marine Coverage Part

TIL

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY

POLICY NUMBER

INSURING COMPANY

7. PREMIUM SUMMARY:

Provisional Premium	\$ 61,328.00
Due at Inception	\$
Due at Each	\$

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

WILLIS OF MARYLAND INC RG110
 12505 PARK POTOMAC AVE # 300

Authorized Representative

POTOMAC
 IL TO 25 08 01 (Page 1 of 01)
 Office: CHANTILLY/WASHDC DOWN

MD 20854

DATE: 12/18/2014



Report Claims Immediately by Calling*

1-800-238-6225

*Speak directly with a claim professional
24 hours a day, 365 days a year*

*Unless Your Policy Requires Written Notice or Reporting

BUILDING PAC

MERCANTILE OTHER



A Custom Insurance Policy Prepared for:

**OJB INVESTMENT GROUP, LC
OJB/RICHMOND HWY, LLC. O.J.B./AJRE JV,
C/O RECYCLAND, LLC
8101 GLENBROOK RD., STE. B
BETHESDA MD 20814**

Presented by: WILLIS OF MARYLAND INC

POLICY NUMBER: 680-DE003121-14-42

EFFECTIVE DATE: 12/31/2014

ISSUE DATE: 12/18/2014

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS

IL TO 19 02 05	COMMON POLICY DECLARATIONS
* IL TO 25 08 01	RENEWAL CERTIFICATE
* MP TO 01 02 05	BUSINESS OWNERS COVERAGE PART DECLARATIONS
* IL TS 01 01 01	FORMS ENDORSEMENTS AND SCHEDULE NUMBERS
IL T3 15 09 07	COMMON POLICY CONDITIONS
* IL TO 20 02 05	ADDITIONAL LOCATIONS
* MP TO 33 04 09	MASTER PAC ACCOUNT EXPOSURE ENDORSEMENT

BUSINESS OWNERS

MP T1 30 02 05	TABLE OF CONTENTS - BUSINESS OWNERS COVERAGE PART - DELUXE PLAN
MP T1 02 02 05	BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM
* MP T3 06 02 07	SEWER OR DRAIN BACK UP EXTENSION
* MP T3 07 03 97	PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED LOCATIONS AND RESTAURANTS
MP T3 25 01 08	TERRORISM RISK INSURANCE ACT OF 2002 DISCLOSURE
* MP T3 31 02 05	EQUIPMENT BREAKDOWN - INCREASED SUBLIMIT FOR SPECIFIC EQUIPMENT
MP T3 50 11 06	EQUIPMENT BREAKDOWN - SERVICE INTERRUPTION LIMITATION
MP T3 56 02 08	AMENDATORY PROVISIONS - GREEN BUILDING AND BUSINESS PERSONAL PROP COV ENHANCEMENTS
* MP T5 05 02 05	REPLACEMENT COST PLUS - VIRGINIA
* MP T1 35 04 09	ORDINANCE OR LAW COVERAGE
* MP T3 23 08 06	FUNGI, ROT, BACTERIA AND OTHER CAUSES OF LOSS CHANGES

COMMERCIAL GENERAL LIABILITY

CG TO 34 11 03	TABLE OF CONTENTS - COMMERCIAL GENERAL LIABILITY COVERAGE FORM CG 00 01 10 01
CG 00 01 10 01	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 70 01 08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG D2 37 11 03	EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES - COMPLETED OPERATIONS
CG D2 55 11 03	AMENDMENT OF COVERAGE - POLLUTION
CG D3 09 11 03	AMENDATORY ENDR- PRODUCTS-COMPLETED OPERATIONS HAZARD
CG D4 71 02 09	AMENDMENT OF COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY
CG D0 37 D4 05	OTHER INSURANCE - ADDITIONAL INSURED
CG D1 86 11 03	XTEND ENDORSEMENT
* MP T4 45 11 03	Hired Auto and Nonowned Auto Liability - Virginia
CG D2 43 01 02	FUNGI OR BACTERIA EXCLUSION

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-14-42

EFFECTIVE DATE: 12/31/2014

ISSUE DATE: 12/18/2014

COMMERCIAL GENERAL LIABILITY (CONTINUED)

CG D2 56 11 03	AMENDMENT OF COVERAGE - PROPERTY DAMAGE
CG D2 88 11 03	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG D3 26 10 11	EXCLUSION - UNSOLICITED COMMUNICATION
* CG D3 56 05 14	MOBILE EQUIPMENT REDEFINED - EXCLUSION OF VEHICLES SUBJECT TO MOTOR VEHICLE LAWS
CG D4 21 07 08	AMEND CONTRAL LIAB EXCL - EXC TO NAMED INS
CG D6 18 10 11	EXCLUSION - VIOLATION OF CONSUMER FINANCIAL PROTECTION LAWS
CG D1 42 01 99	EXCLUSION - DISCRIMINATION
CG D2 42 01 02	EXCLUSION - WAR
CG T4 78 02 90	EXCLUSION - ASBESTOS
CG 01 79 07 10	VIRGINIA CHANGES
CG 26 73 06 02	MARYLAND CHANGES - PREMIUM AUDIT CONDITION

EMPLOYMENT PRACTICES LIABILITY

* PR T0 07 04 09	EMPLOYMENT PRACTICES LIABILITY DECLARATIONS
* PR T1 10 04 09	EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM
* PR F1 06 03 12	VIRGINIA MANDATORY ENDORSEMENT

MULTIPLE SUBLINE ENDORSEMENTS

CG T3 33 11 03 LIMITATION WHEN TWO OR MORE POLICIES APPLY

COMMERCIAL INLAND MARINE

* CM T0 98 11 97	SIGNS COVERAGE FORM - DECLARATIONS
CM T0 11 08 05	COMMERCIAL INLAND MARINE COVERAGE PART - TABLE OF CONTENTS
CM 00 01 09 04	COMMERCIAL INLAND MARINE CONDITIONS
CM 00 28 09 04	SIGNS COVERAGE FORM

INTERLINE ENDORSEMENTS

* IL T4 00 12 09	DESIGNATED ENTITY - NOTICE OF CANCELLATION OR NONRENEWAL PROVIDED BY US
IL T3 82 05 13	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
* IL T8 00 12 14	GENERAL PURPOSE ENDORSEMENT
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL 00 22 05 87	EFFECTIVE TIME CHANGES - REPLACEMENT OF 12 NOON
IL 00 44 06 90	VIRGINIA CHANGES-POLICY PERIOD
IL 01 06 09 07	VIRGINIA CHANGES - APPRAISAL
* IL 01 52 01 12	VIRGINIA CHANGES
IL 02 07 04 11	MARYLAND CHANGES

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-14-42

EFFECTIVE DATE: 12/31/2014

ISSUE DATE: 12/18/2014

INTERLINE ENDORSEMENTS (CONTINUED)

IL 02 12 09 07

VIRGINIA CHANGES

IL T3 79 01 08

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

IL F0 57 09 12

VIRGINIA CHANGES

POLICY HOLDER NOTICES

- * PN T4 51 11 04 IMP NOTICE TO VIRGINIA POLICYHOLDERS CLAIMS MADE COVS EXTENDED REPORTING PERIODS
- PN T9 13 01 13 IMP NOTICE TO VA POLICYHOLDERS - EQ

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.



One Tower Square, Hartford, Connecticut 06183

BUSINESS OWNERS COVERAGE PART DECLARATIONS

BUILDING PAC

POLICY NO.: 680-0E003121-14-42

ISSUE DATE: 12/18/2014

INSURING COMPANY:

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

POLICY PERIOD:

From 12-31-14 to 12-31-15 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: LLC

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE
General Aggregate (except Products-Completed Operations Limit)	\$ 2,000,000
Products-completed Operations Aggregate Limit	\$ 2,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000
Medical Payments Limit (any one person)	\$ 5,000

BUSINESS OWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 500 per occurrence.
Building Glass: \$ 250 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:

Fine Arts: \$ 25,000

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESS OWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001	BUILDING NO.: 001				
COVERAGE BUILDING *Replacement Cost Plus	\$ 4,424,970	LIMIT OF INSURANCE	VALUATION RCP*	COINSURANCE N/A	INFLATION GUARD 0.0%
PREMISES LOCATION NO.: 002	BUILDING NO.: 001				
COVERAGE BUILDING *Replacement Cost	\$ 1,500,000	LIMIT OF INSURANCE	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 0.0%
PREMISES LOCATION NO.: 003	BUILDING NO.: 001				
COVERAGE BUILDING *Replacement Cost	\$ 1,600,000	LIMIT OF INSURANCE	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 0.0%
PREMISES LOCATION NO.: 004	BUILDING NO.: 001				
COVERAGE BUILDING *Replacement Cost	\$ 1,450,000	LIMIT OF INSURANCE	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 0.0%
PREMISES LOCATION NO.: 005	BUILDING NO.: 001				
COVERAGE BUILDING *Replacement Cost	\$ 3,824,020	LIMIT OF INSURANCE	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 2.0%
PREMISES LOCATION NO.: 006	BUILDING NO.: 001				
COVERAGE BUILDING *Replacement Cost	\$ 1,436,000	LIMIT OF INSURANCE	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 2.0%
PREMISES LOCATION NO.: 007	BUILDING NO.: 001				
COVERAGE BUILDING *Replacement Cost	\$ 7,026,000	LIMIT OF INSURANCE	VALUATION RC*	COINSURANCE N/A	INFLATION GUARD 0.0%
PREMISES LOCATION NO.: 008	BUILDING NO.: 001				
COVERAGE		LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD

BUSINESS OWNERS PROPERTY COVERAGE

BUILDING	\$ 3,120,000	RC*	N/A	0.0%
*Replacement Cost				

PREMISES LOCATION NO.: 009 BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,500,000	RC*	N/A	0.0%
*Replacement Cost				

BUSINESS PERSONAL PROPERTY	\$ 1,000	RC*	N/A	0.0%
*Replacement Cost				

COVERAGE EXTENSIONS:

Accounts Receivable	\$ 25,000
Valuable Papers	\$ 25,000

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.



One Tower Square, Hartford, Connecticut 06163

MORTGAGEES:

POLICY NO.: 680-0E003121-14-42
ISSUE DATE: 12/18/2014

PREMISES LOCATION NUMBER	BUILDING NUMBER	MORTGAGE HOLDER NAME AND MAILING ADDRESS
001	001	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA 2100 ROSS AVE STE 2500 DALLAS TX 75201
002	001	STANCORP MORTGAGE INVESTORS LLC OR ITS ASSIGNS C/O NORTH MARQ CAPITAL 3500 AMERICAN BLVD. W. #500 BLOOMINGTON MN 55431
004	001	CITIBANK (WEST) FSB PO BOX 193924 SAN FRANCISCO CA 94119
005	001	WELLS FARGO BANK NA AS MASTER SERVICER CMS INS.C/O DSR IMG D1118-02W 1525 WEST WT HARRIS BLVD. CHARLOTTE NC 28262
006	001	WELLS FARGO BANK NA AS MASTER SERVICER CMS INS.C/O DSR IMG D1118-02W 1525 WEST WT HARRIS BLVD CHARLOTTE NC 28262
006	001	BRANCH BANKING & TRUST CO PO BOX 25610C CHARLOTTE NC 28229



One Tower Square, Hartford, Connecticut 06183

MORTGAGEES:

POLICY NO.: 680-0K003121-14-42
ISSUE DATE: 12/16/2014

PREMISES LOCATION NUMBER	BUILDING NUMBER	MORTGAGE HOLDER NAME AND MAILING ADDRESS
007	001	GREENHILL CAPITAL INVESTMENT LLC 4901 FAIRMONT AVE STE 200 BETHESDA MD 20814
008	001	BURKE & HERBERT BANK & TRUST COMPANY, ISACOA, ATIMA PO BOX 268 ALEXANDRIA VA 22313



One Tower Square, Hartford, Connecticut 06183

ADDITIONAL LOCATIONS
BUILDING PACPOLICY NO.: 680-0E003121-14-42
ISSUE DATE: 12/18/2014THIS SCHEDULE OF LOCATIONS AND BUILDINGS APPLIES
TO THE COMMON DECLARATIONS FOR THE PERIOD

12/31/2014 to 12/31/2015

PREMISES LOCATION NUMBER	BUILDING NUMBER	OCCUPANCY	ADDRESS
001	001	MERCANTILE OTHER	1927- 1931 OLD GALLONS VIENNA VA 22027
002	001	MERCANTILE OTHER	47020 HARRY BYRD HWY STERLING VA 20164
003	001	MERCANTILE OTHER	11015 MAIN ST FAIRFAX VA 22030
004	001	APT INCIDENTAL ME	101 N FREDERICK AVE GAITHERSBURG MD 20877
005	001	MERCANTILE OTHER	8133 WATSON ST MCLEAN VA 22102
006	001	MERCANTILE OTHER	8119 WATSON ST MCLEAN VA 22102
007	001	MANUFACTURING & P	1200 SEVERN WAY STERLING VA 20166
008	001	OFFICE	4191 DALE BLVD DALE CITY VA 22193
009	001	MERCANTILE OTHER	12260 ROCKVILLE PIKE ROCKVILLE MD 20852

POLICY NUMBER: 680-0E003121-14-42

MASTER PAC
ISSUE DATE: 12/18/2014

MASTER PAC ACCOUNT EXPOSURE ENDORSEMENT

SCHEDULE

Description: VACANT LAND

Address: 45448 E. SEVERN WAY
STERLING VA 20166

Limit: \$ INCLUDED IN GL LIMITS
Exposure Base: 5 ACRES
Deductible:
Line of Insurance: GENERAL LIABILITY

Description: VACANT LAND

Address: DURHAM AVENUE
METUCHEN NJ 08840

Limit: \$ INCLUDED IN GL LIMITS
Exposure Base: 3 ACRES
Deductible:
Line of Insurance: GENERAL LIABILITY

Description: VACANT LAND

Address: 700 MIDDLESEX AVE LOT 37.01
METUCHEN NJ 08840

Limit: \$ INCLUDED IN GL LIMITS
Exposure Base: 6 ACRES
Deductible:
Line of Insurance: GENERAL LIABILITY

This is an extension of all coverages and provisions provided by the Master Pac declaration (MP T0 01) and all forms and endorsements contained therein.

POLICY NUMBER: 680-08003121-14-42

BUSINESS OWNERS
ISSUE DATE: 12/18/2014

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SEWER OR DRAIN BACK UP EXTENSION

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM

SCHEDULE

Limit of Insurance \$ 50000

The following is added to Paragraph A. 7. Coverage Extensions :

Water or Sewage Back Up and Sump Overflow

- (1) When the Declarations show that you have coverage for Building or Business Personal Property, you may extend that insurance to apply to direct physical loss of or damage to Covered Property at the described premises caused by or resulting from water or sewage that backs up or overflows from a sewer, drain or sump.
- (2) When the Declarations show that you have coverage for Business Income and Extra Expense,

you may also extend that insurance to apply to the actual loss of Business Income you sustain and reasonable and necessary Extra Expense you incur caused by or resulting from water or sewage that backs up or overflows from a sewer, drain or sump.

- (3) Paragraph B.1.g.(3) does not apply to this Coverage Extension.
- (4) The most we will pay under this Coverage Extension in any one occurrence at each described premises is the Limit of Insurance shown in the Schedule above.

POLICY NUMBER: 680-0E003121-14-42

BUSINESSOWNERS
ISSUE DATE: 12/18/2014**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****PROTECTIVE SAFEGUARDS ENDORSEMENT FOR
SPRINKLERED LOCATIONS AND RESTAURANTS**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE PART**SCHEDULE***

Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable	Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable
007	001	P1			

1. The following is added to the:

BUSINESSOWNERS PROPERTY COVERAGE
SPECIAL FORM
BUSINESSOWNERS PROPERTY COVERAGE
STANDARD FORM

PROTECTIVE SAFEGUARDS

- a. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.

- b. The protective safeguards to which this endorsement applies are identified by the following symbols:

"P-1" Automatic Sprinkler System, including related supervisory services

Automatic Sprinkler System means:

- (1) Any automatic fire protective or extinguishing system, including connected:
 (a) Sprinklers and discharge nozzles;

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations

BUSINESS OWNERS

- (b) Ducts, pipes, valves and fittings;
 - (c) Tanks, their component parts and supports; and
 - (d) Pumps and private fire protection mains.
- (2) When supplied from an automatic fire protective system:
- (a) Non-automatic fire protective systems; and
 - (b) Hydrants, standpipes and outlets.

2. The following is added to the EXCLUSION section of:

BUSINESS OWNERS PROPERTY COVERAGE
SPECIAL FORM

BUSINESS OWNERS PROPERTY COVERAGE
STANDARD FORM

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you:

- a. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
- b. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

"P-9"

POLICY NUMBER: 680-0E003121-14-42

BUSINESSOWNERS
ISSUE DATE: 12/18/2014

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EQUIPMENT BREAKDOWN – INCREASED SUB-LIMIT FOR SPECIFIC EQUIPMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM

A. SCHEDULE

Premises Location No.	Building No.	Specific Equipment Sub-limit
002	001	\$ 1,500,000
003	001	\$ 160,000

B. The BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows:

1. For each of the described premises shown in the schedule above, the sub-limit referenced in Paragraph A.7.I.(8) is increased from \$100,000 to the amount shown in the schedule above for such described premises.

POLICY NUMBER: 680-0E003121-14-42

BUSINESSOWNERS
ISSUE DATE: 12/18/2014**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****REPLACEMENT COST PLUS-VIRGINIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM

A. SCHEDULE

Premises	Building
Location	Number
Number	
ALL	ALL

B. The BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows:

1. For the described premises shown in the schedule above, Paragraph E.4.e.(1) is replaced by the following, but only with respect to building valuation:
 - (1) At Replacement Cost (without deduction for depreciation).
 - (a) You may make a claim for loss or damage covered by this insurance on an actual cash value basis instead of on a replacement cost basis. In the event you elect to have loss or damage settled on an actual cash value basis, you may still make a claim on a replacement cost basis if you notify us of your intent to do so within 6 months after the loss or damage.
 - (b) We will not pay on a replacement cost basis for any loss or damage:
 - (i) Until the lost or damaged property is actually repaired or replaced; and
 - (ii) Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage.

(c) We will not pay more for loss or damage on a replacement cost basis than the least of Paragraphs (I), (II) or (III) subject to Paragraph (d) below:

- (I) The cost to replace, on the same premises, the lost or damaged property with other property:
 - a) Of comparable design, material and quality; and
 - b) Used for the same purpose;
- (II) The amount you actually spend that is necessary to repair or replace the lost or damaged property; or
- (III) Up to 125% of the Limit of Insurance shown in the Declarations for Building at the described premises.

If a building is rebuilt at a new premises, the cost described in Paragraph (I) above is limited to the cost which would have been incurred if the building had been rebuilt at the original premises.

- (d) The cost of repair or replacement does not include the increased cost

BUSINESS OWNERS

attributable to enforcement of any ordinance or law regulating the construction, use or repair of any property.

- (e) Paragraph F.10. does not apply to buildings at the described premises shown in the schedule above.
2. The following condition is added with respect to this endorsement:

REPORTING PROVISIONS

You agree to report to us, within 90 days of the start of construction or acquisition, the full replacement cost of:

- a. Additions to or alterations of the above buildings;
- b. Personal property owned by you to maintain or service the above building or premises; and
- c. Permanently attached fixtures, machinery and equipment.

If you do not do so and the total replacement cost of such unreported items is more than \$10,000, any loss occurring thereafter will be adjusted with a penalty equal to the percentage that the total replacement cost of the unreported items bears to the total replacement cost of the building at the time of loss.

POLICY NUMBER: 680-08003121-14-42

BUSINESS OWNERS
ISSUE DATE: 12/18/2014**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ORDINANCE OR LAW COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM**SCHEDULE***

Prem. Loc. No.	Bldg. No.	Coverage A Applies:	Coverage B Limit of Insurance	Coverage C Limit of Insurance	Coverage B and C Combined Limit Of Insurance
001	001	YES	\$ 425,000	\$ 425,000	
002	001	YES	\$ 150,000	\$ 150,000	
003	001	YES	\$ 160,000	\$ 160,000	
004	001	YES	\$ 112,000	\$ 112,000	
005	001	YES	\$ 300,000	\$ 300,000	
006	001	YES	\$ 100,000	\$ 200,000	

A. Each Coverage – Coverage A, Coverage B and Coverage C – Is provided under this endorsement only if that Coverage(s) is chosen by entry in the above Schedule and then only with respect to the building identified for that Coverage(s) in the Schedule.

B. Application Of Coverage(s)

The Coverage(s) provided by this endorsement apply only if both B.1. and B.2. are satisfied and are then subject to the qualifications set forth in B.3.

1. The ordinance or law:

- a. Regulates the demolition, construction or repair of buildings, or establishes zoning or land use requirements at the described premises; and

- b. Is in force at the time of loss.

But coverage under this endorsement applies only in response to the minimum requirements of the ordinance or law. Losses and costs incurred in complying with recommended actions or standards that exceed actual requirements are not covered under this endorsement.

- 2. a. The building sustains direct physical damage that is covered under this policy and such damage results in enforcement of the ordinance or law; or

b. The building sustains both direct physical damage that is covered under this policy and direct physical damage that is not covered under this policy, and the building damage in its entirety results in enforcement of the ordinance or law.

c. But if the building sustains direct physical damage that is not covered under this policy, and such damage is the subject of the ordinance or law, then there is no coverage under this endorsement even if the building has also sustained covered direct physical damage.

- 3. In the situation described in B.2.b. above, we will not pay the full amount of loss otherwise payable under the terms of Coverages A, B, and/or C of this endorsement. Instead, we will pay a proportion of such loss; meaning the proportion that the covered direct physical damage bears to the total direct physical damage.

(Section H. of this endorsement provides an example of this procedure.)

However, if the covered direct physical damage, alone, would have resulted in enforcement of the ordinance or law, then we will pay the full amount of loss otherwise payable under the terms of Coverages A, B and/or C of this endorsement.

BUSINESS OWNERS

C. We will not pay under Coverage A, B or C of this endorsement for:

1. Enforcement of any ordinance or law which requires the demolition, repair, replacement, reconstruction, remodeling or remediation of property due to contamination by "pollutants" or due to the presence, growth, proliferation, spread or any activity of "fungus", wet or dry rot or bacteria; or
2. The costs associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants", "fungus", wet or dry rot or bacteria.

D. COVERAGE**1. Coverage A – Coverage For Loss to the Undamaged Portion of the Building**

With respect to the building that has sustained covered direct physical damage, we will pay under Coverage A for the loss in value of the undamaged portion of the building as a consequence of enforcement of an ordinance or law that requires demolition of undamaged parts of the same building.

Coverage A is included in the Limit of Insurance shown in the Declarations as applicable to the covered building. Coverage A does not increase the Limit of Insurance.

2. Coverage B – Demolition Cost Coverage

With respect to the building that has sustained covered direct physical damage, we will pay the cost to demolish and clear the site of undamaged parts of the same building, as a consequence of enforcement of an ordinance or law that requires demolition of such undamaged property.

If optional coinsurance is applicable to the building, the Coinsurance Condition does not apply to Demolition Cost Coverage.

3. Coverage C – Increased Cost of Construction Coverage

With respect to the building that has sustained covered direct physical damage, we will pay the increased cost to:

- a. Repair or reconstruct damaged portions of that building; and/or
- b. Reconstruct or remodel undamaged portions of that building, whether or not demolition is required;

when the increased cost is a consequence of enforcement of the minimum requirements of the ordinance or law.

However:

- (1) This coverage applies only if the restored or remodeled property is intended for similar occupancy as the current property, unless such occupancy is not permitted by zoning or land use ordinance or law.
- (2) We will not pay for the increased cost of construction if the building is not repaired, reconstructed or remodeled.

If optional Coinsurance is applicable to the building, the Coinsurance Condition does not apply to Increased Cost of Construction Coverage.

E. LOSS PAYMENT

1. All following loss payment Provisions, E.2. through E.5., are subject to the apportionment procedures set forth in Section B.3. of this endorsement.

2. When there is a loss in value of an undamaged portion of a building to which Coverage A applies, the loss payment for that building, including damaged and undamaged portions, will be determined as follows:

- a. If Replacement Cost coverage applies and the property is being repaired or replaced, on the same or another premises, we will not pay more than the lesser of:

(1) The amount you would actually spend to repair, rebuild or reconstruct the building, but not for more than the amount it would cost to restore the building on the same premises and to the same height, floor area, style and comparable quality of the original property insured; or

(2) The Limit of Insurance shown in the Declarations as applicable to the covered building.

- b. If Replacement Cost coverage applies and the property is not repaired or replaced, or if the optional Actual Cash Value is applicable to real property, we will not pay more than the lesser of:

(1) The actual cash value of the building at the time of loss; or

(2) The Limit of Insurance shown in the Declarations as applicable to the covered building.

BUSINESS OWNERS

3. Unless Paragraph E.5. applies, loss payment under Coverage B – Demolition Cost Coverage will be determined as follows:
- We will not pay more than the lesser of the following:
- The amount you actually spend to demolish and clear the site of the described premises; or
 - The applicable Limit of Insurance shown for Coverage B in the Schedule above.
4. Unless Paragraph E.5. applies, loss payment under Coverage C – Increased Cost of Construction Coverage will be determined as follows:
- We will not pay under Coverage C:
 - Until the property is actually repaired or replaced, at the same or another premises; and
 - Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.
 - If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay under Coverage C is the lesser of:
 - The increased cost of construction at the same premises; or
 - The applicable Limit of Insurance shown for Coverage C in the Schedule above.
 - If the ordinance or law requires relocation to another premises, the most we will pay under Coverage C is the lesser of:
 - The increased cost of construction at the new premises; or
 - The applicable Limit of Insurance shown for Coverage C in the Schedule above.
5. If a Combined Limit of Insurance is shown for Coverages B and C in the Schedule above, Paragraphs E.3. and E.4. of this endorsement do not apply with respect to the building that is subject to the Combined Limit, and the following loss payment provisions apply instead:
- The most we will pay, for the total of all covered losses for Demolition Cost and Increased Cost of Construction, is the Combined Limit of Insurance shown for Coverages

B and C in the Schedule above. Subject to this Combined Limit of Insurance, the following loss payment provisions apply:

- For Demolition Cost, we will not pay more than the amount you actually spend to demolish and clear the site of the described premises.
- With respect to the Increased Cost of Construction:
 - We will not pay for the increased cost of construction:
 - Until the property is actually repaired or replaced, at the same or another premises; and
 - Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.
 - If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the same premises.
 - If the ordinance or law requires relocation to another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the new premises.

F. The terms of this endorsement apply separately to each building to which this endorsement applies.

G. Under this endorsement we will not pay for loss due to any ordinance or law that:

- You were required to comply with before the loss, even if the building was undamaged; and
- You failed to comply with.

H. Example of Proportionate Loss Payment for Ordinance Or Law Coverage Losses (procedure as set forth in Section B.3. of this endorsement.)

Assume:

- Wind is a Covered Cause of Loss; Flood is an excluded Cause of Loss
- The building has a value of \$200,000
- Total direct physical damage to building: \$100,000

BUSINESS OWNERS

- The ordinance or law in this jurisdiction is enforced when building damage equals or exceeds 50% of the building's value
- Portion of direct physical damage that is covered (caused by wind): \$30,000
- Portion of direct physical damage that is not covered (caused by flood): \$70,000
- Loss under Ordinance Or Law Coverage C of this endorsement: \$60,000

Step 1:

Determine the proportion that the covered direct physical damage bears to the total direct physical damage.

$$\$30,000 + \$100,000 = .30$$

Step 2:

Apply that proportion to the Ordinance or Law loss.

$$\$60,000 \times .30 = \$18,000$$

In this example, the most we will pay under this endorsement for the Coverage C loss is \$18,000, subject to the applicable Limit of Insurance and any other applicable provisions.

Note: The same procedure applies to losses under Coverages A and B of this endorsement.

I. The following definition is added:

"Fungus" means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.

POLICY NUMBER: 680-02003121-14-42

BUSINESSOWNERS
ISSUE DATE: 12/18/2014

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ORDINANCE OR LAW COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM

SCHEDULE*

Prem. Loc. No.	Bldg. No.	Coverage A Applies:	Coverage B Limit of Insurance	Coverage C Limit of Insurance	Coverage B and C Combined Limit Of Insurance
007	001	YES	\$ 715,000	\$ 715,000	
008	001	YES	\$ 300,000	\$ 300,000	
009	001	YES	\$ 150,000	\$ 150,000	

A. Each Coverage – Coverage A, Coverage B and Coverage C – is provided under this endorsement only if that Coverage(s) is chosen by entry in the above Schedule and then only with respect to the building identified for that Coverage(s) in the Schedule.

B. Application Of Coverage(s)

The Coverage(s) provided by this endorsement apply only if both B.1. and B.2. are satisfied and are then subject to the qualifications set forth in B.3.

1. The ordinance or law:

- a. Regulates the demolition, construction or repair of buildings, or establishes zoning or land use requirements at the described premises; and

b. Is in force at the time of loss.

But coverage under this endorsement applies only in response to the minimum requirements of the ordinance or law. Losses and costs incurred in complying with recommended actions or standards that exceed actual requirements are not covered under this endorsement.

2. a. The building sustains direct physical damage that is covered under this policy and such damage results in enforcement of the ordinance or law; or

b. The building sustains both direct physical damage that is covered under this policy and direct physical damage that is not covered under this policy, and the building damage in its entirety results in enforcement of the ordinance or law.

c. But if the building sustains direct physical damage that is not covered under this policy, and such damage is the subject of the ordinance or law, then there is no coverage under this endorsement even if the building has also sustained covered direct physical damage.

3. In the situation described in B.2.b. above, we will not pay the full amount of loss otherwise payable under the terms of Coverages A, B, and/or C of this endorsement. Instead, we will pay a proportion of such loss; meaning the proportion that the covered direct physical damage bears to the total direct physical damage.

(Section H. of this endorsement provides an example of this procedure.)

However, if the covered direct physical damage, alone, would have resulted in enforcement of the ordinance or law, then we will pay the full amount of loss otherwise payable under the terms of Coverages A, B and/or C of this endorsement.

BUSINESS OWNERS

C. We will not pay under Coverage A, B or C of this endorsement for:

1. Enforcement of any ordinance or law which requires the demolition, repair, replacement, reconstruction, remodeling or remediation of property due to contamination by "pollutants" or due to the presence, growth, proliferation, spread or any activity of "fungus", wet or dry rot or bacteria; or
2. The costs associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants", "fungus", wet or dry rot or bacteria.

D. COVERAGE**1. Coverage A – Coverage For Loss to the Undamaged Portion of the Building**

With respect to the building that has sustained covered direct physical damage, we will pay under Coverage A for the loss in value of the undamaged portion of the building as a consequence of enforcement of an ordinance or law that requires demolition of undamaged parts of the same building.

Coverage A is included in the Limit of Insurance shown in the Declarations as applicable to the covered building. Coverage A does not increase the Limit of Insurance.

2. Coverage B – Demolition Cost Coverage

With respect to the building that has sustained covered direct physical damage, we will pay the cost to demolish and clear the site of undamaged parts of the same building, as a consequence of enforcement of an ordinance or law that requires demolition of such undamaged property.

If optional coinsurance is applicable to the building, the Coinsurance Condition does not apply to Demolition Cost Coverage.

3. Coverage C – Increased Cost of Construction Coverage

With respect to the building that has sustained covered direct physical damage, we will pay the increased cost to:

- a. Repair or reconstruct damaged portions of that building; and/or
- b. Reconstruct or remodel undamaged portions of that building, whether or not demolition is required;

when the increased cost is a consequence of enforcement of the minimum requirements of the ordinance or law.

However:

- (1) This coverage applies only if the restored or remodeled property is intended for similar occupancy as the current property, unless such occupancy is not permitted by zoning or land use ordinance or law.
- (2) We will not pay for the increased cost of construction if the building is not repaired, reconstructed or remodeled.

If optional Coinsurance is applicable to the building, the Coinsurance Condition does not apply to Increased Cost of Construction Coverage.

E. LOSS PAYMENT

1. All following loss payment Provisions, E.2. through E.5., are subject to the apportionment procedures set forth in Section B.3. of this endorsement.

2. When there is a loss in value of an undamaged portion of a building to which Coverage A applies, the loss payment for that building, including damaged and undamaged portions, will be determined as follows:

a. If Replacement Cost coverage applies and the property is being repaired or replaced, on the same or another premises, we will not pay more than the lesser of:

(1) The amount you would actually spend to repair, rebuild or reconstruct the building, but not for more than the amount it would cost to restore the building on the same premises and to the same height, floor area, style and comparable quality of the original property insured; or

(2) The Limit of Insurance shown in the Declarations as applicable to the covered building.

b. If Replacement Cost coverage applies and the property is not repaired or replaced, or if the optional Actual Cash Value is applicable to real property, we will not pay more than the lesser of:

(1) The actual cash value of the building at the time of loss; or

(2) The Limit of Insurance shown in the Declarations as applicable to the covered building.

BUSINESS OWNERS

3. Unless Paragraph E.5. applies, loss payment under Coverage B – Demolition Cost Coverage will be determined as follows:
- We will not pay more than the lesser of the following:
- The amount you actually spend to demolish and clear the site of the described premises; or
 - The applicable Limit of Insurance shown for Coverage B in the Schedule above.
4. Unless Paragraph E.5. applies, loss payment under Coverage C – Increased Cost of Construction Coverage will be determined as follows:
- We will not pay under Coverage C:
 - Until the property is actually repaired or replaced, at the same or another premises; and
 - Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.
 - If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay under Coverage C is the lesser of:
 - The increased cost of construction at the same premises; or
 - The applicable Limit of Insurance shown for Coverage C in the Schedule above.
 - If the ordinance or law requires relocation to another premises, the most we will pay under Coverage C is the lesser of:
 - The increased cost of construction at the new premises; or
 - The applicable Limit of Insurance shown for Coverage C in the Schedule above.
5. If a Combined Limit of Insurance is shown for Coverages B and C in the Schedule above, Paragraphs E.3. and E.4. of this endorsement do not apply with respect to the building that is subject to the Combined Limit, and the following loss payment provisions apply instead:
- The most we will pay, for the total of all covered losses for Demolition Cost and Increased Cost of Construction, is the Combined Limit of Insurance shown for Coverages

B and C in the Schedule above. Subject to this Combined Limit of Insurance, the following loss payment provisions apply:

- For Demolition Cost, we will not pay more than the amount you actually spend to demolish and clear the site of the described premises.
- With respect to the Increased Cost of Construction:
 - We will not pay for the Increased cost of Construction:
 - Until the property is actually repaired or replaced, at the same or another premises; and
 - Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.
 - If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the same premises.
 - If the ordinance or law requires relocation to another premises, the most we will pay for the increased cost of construction is the increased cost of construction at the new premises.

F. The terms of this endorsement apply separately to each building to which this endorsement applies.

G. Under this endorsement we will not pay for loss due to any ordinance or law that:

- You were required to comply with before the loss, even if the building was undamaged; and
- You failed to comply with.

H. Example of Proportionate Loss Payment for Ordinance Or Law Coverage Losses (procedure as set forth in Section B.3. of this endorsement.)

Assume:

- Wind is a Covered Cause of Loss; Flood is an excluded Cause of Loss
- The building has a value of \$200,000
- Total direct physical damage to building: \$100,000

BUSINESS OWNERS

- The ordinance or law in this jurisdiction is enforced when building damage equals or exceeds 50% of the building's value.
- Portion of direct physical damage that is covered (caused by wind): \$30,000
- Portion of direct physical damage that is not covered (caused by flood): \$70,000
- Loss under Ordinance Or Law Coverage C of this endorsement: \$60,000

Step 1:

Determine the proportion that the covered direct physical damage bears to the total direct physical damage.

$$\$30,000 \div \$100,000 = .30$$

Step 2:

Apply that proportion to the Ordinance or Law loss.

$$\$60,000 \times .30 = \$18,000$$

In this example, the most we will pay under this endorsement for the Coverage C loss is \$18,000, subject to the applicable Limit of Insurance and any other applicable provisions.

Note: The same procedure applies to losses under Coverages A and B of this endorsement.

I. The following definition is added:

"Fungus" means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.

POLICY NUMBER: 680-08003121-14-42

BUSINESSOWNERS
ISSUE DATE: 12/18/2014**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****FUNGUS, WET ROT, DRY ROT AND OTHER
CAUSES OF LOSS CHANGES**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PROPERTY COVERAGE PART**A. SCHEDULE****Limited "Fungus", Wet Rot or Dry Rot Coverage:****Direct Damage Limit of Insurance**\$15,000 OR \$25,000 \$50,000 \$100,000 \$250,000

- B. The EXCLUSIONS contained in Section B. of the BUSINESSOWNERS PROPERTY COVERAGE FORM are amended as follows:**

1. The following exclusion is added to B.1.:

"Fungus", Wet Rot or Dry Rot

- a. We will not pay for loss or damage, or any increase in the amount of loss or damage, caused directly or indirectly by or resulting from the presence, growth, proliferation, spread or any activity of "fungus", wet rot or dry rot.

But if "fungus", wet rot or dry rot results in a "specified cause of loss", we will pay for the loss or damage caused by that "specified cause of loss".

This exclusion does not apply:

- (1) When "fungus", wet rot or dry rot results from fire or lightning; or
- (2) To the extent that coverage is provided in the Additional Coverage - Limited "Fungus", Wet Rot or Dry Rot in Section C.1. below of this endorsement with respect to loss or damage by a cause of loss other than fire or lightning.

2. The exclusions contained in B.2. are amended as follows:

- a. Under exclusion B.2.d.(2), reference to fungus, wet rot or dry rot, mold is deleted.
- b. Exclusion B.2.f. is deleted and replaced by the following:

We will not pay for loss or damage caused by or resulting from continuous or repeated seepage or leakage of water, or the presence or condensation of humidity,

moisture or vapor that occurs over a period of 14 days or more.

- C. The Additional Coverages contained in Section A.6. of the BUSINESSOWNERS PROPERTY COVERAGE FORM are amended as follows:**

1. The following Additional Coverage is added:

Additional Coverage - Limited "Fungus", Wet Rot or Dry Rot

- a. The coverage described in b. and c. below only applies when the "fungus", wet rot or dry rot is the result of a "specified cause of loss", other than fire or lightning, that occurs during the policy period and only if all reasonable means have been used to save and preserve the property from further damage at the time of and after that occurrence.

b. Limited "Fungus", Wet Rot or Dry Rot - Direct Damage

- (1) We will pay for direct physical loss or damage to Covered Property caused by "fungus", wet rot or dry rot, including:
 - (a) The cost of removal of the "fungus", wet rot or dry rot;
 - (b) The cost to tear out and replace any part of the building or other property as needed to gain access to the "fungus", wet rot or dry rot; and
 - (c) The cost of testing performed after removal, repair, replacement or restoration of the damaged property is completed, provided there is a reason to believe that

BUSINESS OWNERS

- "fungus", wet rot or dry rot are present.
- (2) The coverage described in b.(1) above is limited to \$15,000, or the limit of insurance shown in the Schedule of this endorsement for Limited "Fungus", Wet Rot or Dry Rot Coverage – Direct Damage. Regardless of the number of claims, this limit is the most we will pay for the total of all loss or damage under this coverage arising out of all occurrences of "specified causes of loss" (other than fire or lightning) which take place in a 12 month period (starting with the beginning of the present annual policy period). With respect to a particular occurrence of loss which results in "fungus", wet rot or dry rot, we will not pay more than a total of this annual limit even if the "fungus", wet rot or dry rot continues to be present or active, or recurs, in a later policy period.
- (3) The coverage provided under this Limited "Fungus", Wet Rot or Dry Rot Coverage – Direct Damage does not increase the applicable Limit of Insurance on any Covered Property. If a particular occurrence results in loss or damage by "fungus", wet rot or dry rot, and other loss or damage, we will not pay more for the total of all loss or damage than the applicable Limit of Insurance on the Covered Property.
- (4) If there is covered loss or damage to Covered Property that is not caused by "fungus", wet rot or dry rot, loss payment will not be limited by the terms of this Limited "Fungus", Wet Rot or Dry Rot Coverage – Direct Damage, except to the extent that "fungus", wet rot or dry rot causes an increase in the loss. Any such increase in the loss will be subject to the terms of this Limited "Fungus", Wet Rot or Dry Rot Coverage – Direct Damage.
- c. Limited "Fungus", Wet Rot or Dry Rot Coverage – Business Income and Extra Expense
- The following Limited "Fungus", Wet Rot or Dry Rot Coverage provisions for Business Income and Extra Expense apply only if Business Income and/or Extra Ex-
- penditure coverage applies to the described premises and only if the suspension of "operations" satisfies all of the terms of the applicable Business Income and/or Extra Expense coverage:
- (1) If the loss which results in the "fungus", wet rot or dry rot does not in itself necessitate a suspension of "operations", but such suspension of "operations" is necessary due to loss or damage to property at the described premises caused by "fungus", wet rot or dry rot, then our payment for Business Income and/or Extra Expense is limited to the amount of loss and/or expense sustained in a period of not more than 30 days. The days need not be consecutive.
- (2) If a covered suspension of "operations" is caused by loss or damage at the described premises by other than "fungus", wet rot or dry rot, but remediation of "fungus", wet rot or dry rot prolongs the "period of restoration", we will pay for loss and/or expense sustained during the delay, regardless of when such a delay occurs during the "period of restoration", but such coverage is limited to 30 days. The days need not be consecutive.
- The coverage provided under this Limited "Fungus", Wet Rot or Dry Rot Coverage – Business Income and Extra Expense is included in, and not in addition to any limit or description of coverage for Business Income shown on the Businessowners Coverage Part Declarations or under the Extra Expense Additional Coverage.
- d. The terms of this Limited Coverage do not increase or reduce the coverage under the Water Damage, Other Liquids, Powder or Molten Damage Additional Coverage Extension or the coverage provided for collapse of buildings or structures under the Collapse of Buildings exclusion.
- D. The DEFINITIONS contained in Section G. are amended as follows:
1. The definition of "Specified Causes of Loss" is deleted and replaced by the following:
"Specified Causes of Loss" means the following: Fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil

BUSINESS OWNERS

commotion; vandalism; leakage from fire extinguishing equipment; sinkhole collapse as defined below; volcanic action; falling objects as limited below; weight of snow, ice or sleet; and water damage as defined below; all only as otherwise insured against in this Coverage Form.

- a. Sinkhole collapse means the sudden sinking or collapse of land into underground empty spaces created by the action of water on limestone or dolomite. This cause of loss does not include:
 - (1) The cost of filling sinkholes; or
 - (2) Sinking or collapse of land into man-made underground cavities.
- b. Falling objects does not include loss or damage to:
 - (1) Personal property in the open; or
 - (2) The "interior of a building or structure", or property inside a building or structure, unless the roof or an outside wall of the building or structure is first damaged by a falling object.
- c. Water damage means accidental discharge or leakage of water or steam as the direct result of the breaking apart or cracking of any part of a system or appliance (other than a sump system including its related equipment and parts) containing water or steam.

When the Causes of Loss – Earthquake endorsement, Causes of Loss – Earthquake Sprinkler Leakage endorsement or Causes of Loss – Broad Form Flood endorsement is included in this policy, "specified causes of loss" also includes such cause of loss, but

only to the extent such cause of loss is insured against under this Coverage Form.

2. The following definition is added:

"Fungus" means any type or form of fungus, including but not limited to mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.

E. Ordinance or Law Coverage Change

Under:

1. The ordinance or law coverage in Section A.6.I. Increased Cost of Construction of the Businessowners Property Coverage Form;
2. Ordinance or Law Coverage endorsement MP T1 35; and
3. Any other Ordinance or Law coverage or Ordinance or Law – Increased "Period of Restoration" coverage provided under this Coverage Part;

the following exclusion is added:

This coverage does not apply to:

- a. Loss caused by or resulting from the enforcement of any ordinance or law which requires the demolition, repair, replacement, reconstruction, remodeling or remediation of property due to the presence, growth, proliferation, spread or any activity of "fungus", wet rot or dry rot; or
- b. Costs associated with the enforcement of any ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "fungus", wet rot or dry rot.

POLICY NUMBER: 680-0E003121-14-42

COMMERCIAL GENERAL LIABILITY
ISSUE DATE: 12/18/2014**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****HIRED AUTO AND NONOWNED AUTO LIABILITY –
VIRGINIA****This endorsement modifies insurance provided under the following:****COMMERCIAL GENERAL LIABILITY COVERAGE FORM****SCHEDULE**

Insurance is provided only with respect to those coverages for which a specific premium charge is shown:

COVERAGE	ADDITIONAL PREMIUM
Hired Auto Liability	\$ INCLUDED
Nonowned Auto Liability	\$ INCLUDED

LIMIT PER ACCIDENT \$ 1,000,000

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

PROVISIONS**A. COVERAGE**

If a premium charge is shown in the SCHEDULE above, the insurance provided under Section I – Coverage A – Bodily Injury And Property Damage Liability applies to "bodily injury" and "property damage" caused by an "accident" and resulting from the maintenance or use of a "hired auto" or "nonowned auto". Maintenance or use of a "nonowned auto" includes test driving in connection with an "auto business".

B. EXCLUSIONS

With respect to the insurance provided by this endorsement:

1. The exclusions, under Section I – Coverage A – Bodily Injury And Property Damage Liability, other than exclusions a., b., d., e., f. and i. and the Nuclear Energy Liability Exclusion (Broad Form) are deleted and replaced by the following:
 - a. "Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment.
 - b. "Property damage" to:
 - (1) Property owned or being transported by, or rented or loaned to the insured; or
 - (2) Property in the care, custody or control of the insured.

C. WHO IS AN INSURED

Section II – Who Is An Insured is replaced by the following:

Each of the following is an insured under this insurance to the extent set forth below:

1. You;
2. Anyone else including any partner or "executive officer" of yours while using with your permission a "hired auto" or a "nonowned auto" except:
 - a. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner or lessee of a "nonowned auto" or any agent or "employee" of any such owner or lessee;
 - b. Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household;
 - c. Your "employee" if the covered "auto" is leased, hired or rented by him or her or a member of his or her household under a lease or rental agreement for a period of 180 days or more;
 - d. Any partner or "executive officer" with respect to any "auto" owned by such partner or officer or a member of his or her household;
 - e. Any partner or "executive officer" with respect to any "auto" leased or rented to such partner or officer or a member of

COMMERCIAL GENERAL LIABILITY

- his or her household under a lease or rental agreement for a period of 180 days or more;
- f. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
 - g. Anyone other than your "employees", partners, a lessee or borrower or any of their "employees", while moving property to or from a "hired auto" or a "non-owned auto"; or
 3. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under 1. or 2. above.

D. LIMITS OF INSURANCE

Section III – Limits Of Insurance is amended as follows:

1. Items 2. and 5. do not apply to "bodily injury" and "property damage" caused by an "accident" and resulting from the maintenance or use of a "hired auto" or "nonowned auto".
2. The following is added:
8. The LIMIT PER ACCIDENT shown in the SCHEDULE above is the most we will pay under **Section I – Coverage A – Bodily Injury And Property Damage Liability** for "bodily injury" and "property damage" caused by an "accident" and resulting from the maintenance or use of a "hired auto" or "nonowned auto".

E. AMENDED DEFINITIONS

The Definition of "insured contract" of **Section V – Definitions** is amended by the addition of the following exceptions to paragraph f.:

Paragraph f. does not include that part of any contract or agreement:

- (4) That pertains to the loan, lease or rental of an "auto" to you or any of your "employees".

If the "auto" is loaned, leased or rented with a driver; or

- (5) That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.

F. ADDITIONAL DEFINITIONS

Section V – Definitions is amended by the addition of the following definitions:

1. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage" the insured neither expected nor intended.
2. "Auto Business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
3. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include:
 - a. Any "auto" you lease, hire or rent under a lease or rental agreement for a period of 180 days or more, or
 - b. Any "auto" you lease, hire, rent or borrow from any of your "employees", partners, stockholders, or members of their households.
4. "Nonowned auto" means any "autos" you do not own, lease, hire, rent or borrow that are being used in the course and scope of your business at the time of an "accident". This includes "autos" owned by your "employees" or partners or members of their households but only while being used in the course and scope of your business at the time of an "accident".

If you are a sole proprietor, "nonowned auto" means any "autos" you do not own, lease, hire, rent or borrow that are being used in the course and scope of your business or personal affairs at the time of an "accident".

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MOBILE EQUIPMENT REDEFINED –
EXCLUSION OF VEHICLES SUBJECT TO MOTOR
VEHICLE LAWS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PROVISIONS

1. The following replaces Paragraph (5) of Exclusion g., Aircraft, Auto Or Watercraft, in Paragraph 2. of SECTION I – COVERAGES – COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY:
 - (5) "Bodily injury" or "property damage" arising out of:
 - (a) The operation of machinery or equipment that is attached to, or part of, a land vehicle that would qualify as "mobile equipment" under the definition of "mobile equipment" if such land vehicle were not subject to a compulsory or financial responsibility law, or other motor vehicle insurance law, where it is licensed or principally garaged; or
 - (b) The operation of any of the machinery or equipment listed in Paragraph f.(2) or f.(3) of the definition of "mobile equipment".
2. The following replaces the definition of "auto" in the DEFINITIONS Section:

2. "Auto" means:

- a. A land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or
- b. Any other land vehicle that is subject to a compulsory or financial responsibility law, or other motor vehicle insurance law, where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".

3. The following is added as to the definition of "mobile equipment" in the DEFINITIONS Section:

However, "mobile equipment" does not include any land vehicle that is subject to a compulsory or financial responsibility law, or other motor vehicle insurance law, where it is licensed or principally garaged. Such land vehicles are considered "autos".

4. Paragraph 3. of SECTION II – WHO IS AN INSURED is deleted.



One Tower Square, Hartford, Connecticut 06183

EMPLOYMENT PRACTICES LIABILITY⁺
WITH IDENTITY FRAUD EXPENSE
REIMBURSEMENT COVERAGE PART
DECLARATIONS

POLICY NO.: 680-0X003121-14-42
ISSUE DATE: 12/18/2014

THIS FORM PROVIDES CLAIMS-MADE COVERAGE WITH DEFENSE EXPENSES INCLUDED IN THE LIMIT OF LIABILITY FOR EMPLOYMENT PRACTICES LIABILITY COVERAGE

INSURING COMPANY: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

POLICY PERIOD: From 12/31/2014 to 12/31/2015 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Employment Practices Liability⁺ With Identity Fraud Expense Reimbursement Coverage Part consists of these Declarations and the Coverage Form shown below.

ITEM 1. LIMIT OF INSURANCE AND RETENTION FOR EMPLOYMENT PRACTICES LIABILITY COVERAGE

Limit of Insurance: \$ 10,000
(Defense Expenses are included within the Limit of Insurance)

Retention Amount applicable to each Employment Practices Liability Claim: \$ 500

ITEM 2. LIMIT OF INSURANCE AND DEDUCTIBLE FOR IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE

Limit of Insurance: \$ 2,500

Deductible Amount applicable to Identity Fraud Expense Reimbursement: \$ 0

ITEM 3. EMPLOYMENT PRACTICES LIABILITY COVERAGE EXTENDED REPORTING PERIOD

Subject to the terms and conditions of the Employment Practices Liability Coverage, an optional Extended Reporting Period may be purchased for: 12 months for 75% of the Premium for the Policy Period.

ITEM 4. EMPLOYMENT PRACTICES LIABILITY CONTINUITY DATE

Continuity Date: 12/31/2014

ITEM 5. PREMIUM: INCLUDED

ITEM 6. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING THIS COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING.

EMPLOYMENT PRACTICES LIABILITY⁺

EMPLOYMENT PRACTICES LIABILITY⁺

WITH IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE FORM

This Coverage Part includes two coverages: EMPLOYMENT PRACTICES LIABILITY COVERAGE, and IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE.

EMPLOYMENT PRACTICES LIABILITY COVERAGE PROVIDES CLAIMS-MADE COVERAGE. DEFENSE EXPENSES ARE PAYABLE WITHIN, AND ARE NOT IN ADDITION TO, THE LIMIT OF INSURANCE. PAYMENT OF DEFENSE EXPENSES WILL REDUCE THE LIMIT OF INSURANCE FOR EMPLOYMENT PRACTICES LIABILITY COVERAGE AND WILL BE APPLIED AGAINST THE RETENTION AMOUNT.

PLEASE READ THE ENTIRE FORM CAREFULLY

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Common Policy Declarations, including any other organization qualifying as a Named Insured under this policy, other than any "subsidiary". For any Named Insured who is a person, "you" and "your" refers to such person doing business as a sole proprietorship and only with respect to the conduct of the business of which such person is the sole owner. The words "we", "us" and "our" refer to the company providing this insurance.

The word "Insured" means any person or organization qualifying as such under the applicable Who Is An Insured provision for each coverage included in this Coverage Part.

Other words and phrases that appear in quotation marks have special meaning for the coverages included in this Coverage Part. Refer to the applicable Definitions provision for each coverage included in this Coverage Part for the meanings applicable to that coverage.

SECTION I – EMPLOYMENT PRACTICES LIABILITY COVERAGE

A. Insuring Agreement

1. We will pay on behalf of the insured, "damages" and "defense expenses" on account of a "claim" first made during the "policy period" for an actual or alleged "wrongful employment practice". We will have the right and duty to defend any "claim", including the right to select defense counsel with respect to such "claim", even if the allegations are groundless, false or fraudulent; provided, that we will not be obligated to defend or to continue to defend any "claim" after the applicable Limit of Insurance has been exhausted by payment of "damages" or "defense expenses" or both. We may, with the written consent of the insured, make such settlement or compromise of any "claim" as we deem expedient, and if the insured refuses to consent to the settlement of any "claim" as recommended by us based upon a judgment or a bona fide offer of settlement, then the insured thereafter must negotiate or defend such "claim" independently of us and on the insured's own behalf and solely at the expense of the insured; in such event all "defense expenses" and other costs and expenses incurred or paid by the insured after the date the insured refused to consent to settlement as recommended by us, will be the sole responsibility of the insured and will not be recoverable under this Employment Practices Liability Coverage, and the insured also will be solely responsible for all "damages" in excess of the lower of the amount for which settlement could have been made as recommended by us or the remaining portion of the Limit of Insurance.
2. This Employment Practices Liability Coverage applies to any "wrongful employment practice" only if the "wrongful employment practice" was not committed in whole or in part, prior to the Continuity Date shown in ITEM 4, of the Declarations for this Coverage Part.
3. This Employment Practices Liability Coverage applies to any "wrongful employment practice" that is committed and "claim" that is made anywhere in the world, except the "prohibited area".

EMPLOYMENT PRACTICES LIABILITY*

4. A "claim" will be deemed to be made on the earliest date a written demand or notice thereof is received by the insured.
5. All "related claims" are a single "claim" for purposes of the Employment Practices Liability Coverage, and all "related claims" will be deemed to have been made at the time the first of such "related claims" was made whether prior to or during the "policy period".
6. If, during the "policy period", the Insured first becomes aware of a "potential claim" and, during such "policy period", gives written notice thereof as set forth herein to us, then if a "claim" is subsequently made against the Insured by the "claimant" for the actual or alleged "wrongful employment practice" such "claim" will be deemed to have been first made during such "policy period". The written notice must include the particulars of such "potential claim", including all facts constituting the actual or alleged "wrongful employment practice", the identity of each person allegedly involved in or affected by such "wrongful employment practice", and the date(s) of the alleged events, all of which must be provided as soon as practicable, but in any event prior to the end of such "policy period". Notice of any actual "claim" which is subsequently made with respect to such "potential claim" must be given in accordance with Paragraph B.1. of SECTION III - CONDITIONS APPLICABLE TO THIS COVERAGE PART.

B. Exclusions

1. This Employment Practices Liability Coverage will not apply to, and we will have no duty to defend or pay "damages" or "defense expenses" for, any "claim":

a. Property Damage Or Bodily Injury

For "property damage", or for or arising out of "bodily injury"; provided, that this exclusion will not apply to that portion of a "claim" seeking "damages" for emotional distress, loss of reputation, mental anguish or humiliation.

b. Workers Compensation And Similar Laws

For any obligation imposed by, or arising out of an insured's failure to comply with, any law concerning workers' compensation, unemployment insurance, social security, disability insurance, or any similar state, federal or local law or regulation;

provided, that this exclusion will not apply to "claims" for "retaliation".

c. Liability Assumed Under Contract Or Agreement

For or arising from or in consequence of the liability of others assumed by an insured under any contract or agreement, oral or written, except to the extent that the insured would have been liable in the absence of such contract or agreement.

d. Express Contract

For or arising from or in consequence of liability of the insured under any express contract or agreement.

e. Independent Contractors

For liability under any agreement governing the terms of the labor or service of an "independent contractor", temporary worker or leased employee with you, your "subsidiary" or any entity that is an insured under the Who Is An Insured provision, Paragraph C.1.e..

f. ERISA

For alleged violation of responsibilities, duties or obligations imposed on an insured under the Employee Retirement Income Security Act of 1974 ("ERISA"), including amendments thereto and regulations promulgated thereunder, or any similar or related federal, state or local law; or for an insured's failure or refusal to establish, contribute to, pay for, insure, maintain, provide benefits pursuant to, or enroll or maintain the enrollment of an "employee" or dependent in, any employee benefit plan, fund or program, including contracts or agreements which are not subject to the provisions of ERISA; provided, that this exclusion will not apply to "claims" for "retaliation".

g. Other Employment Laws

For alleged violation of responsibilities, duties or obligations imposed on an insured under the Consolidated Omnibus Budget Reconciliation Act of 1985, Workers' Adjustment and Retraining Notification Act, Occupational Safety and Health Act, or amendments thereto or regulations promulgated thereunder, or any similar or related law; provided, that this exclusion will not apply to "claims" for "retaliation".

EMPLOYMENT PRACTICES LIABILITY⁺**h. NLRA, Strikes Or Lockouts**

For or arising out of a lockout, strike, picket line, hiring of replacement workers or other similar action in connection with any labor dispute or labor negotiation; or for or arising out of any alleged violation of responsibilities, duties or obligations imposed on an Insured under the National Labor Relations Act or amendments thereto or regulations promulgated thereunder, or any similar or related law.

i. Pollution

- (1) Based upon or arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of any "pollutant";
- (2) Based upon or arising out of any request, demand, order, or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, any "pollutant"; or
- (3) Brought by or on behalf of any governmental authority because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, any "pollutant";

provided that this exclusion will not apply to "claims" for "retaliation".

j. Known Wrongful Employment Practice

For or arising out of any fact, transaction or event which is or reasonably would be regarded as a "wrongful employment practice" about which any "responsible person" had knowledge prior to the Continuity Date shown in ITEM 4. of the Declarations for this Coverage Part.

k. Prior Or Pending Litigation

For or arising out of any fact, circumstance, situation, transaction, event or "wrongful employment practice" underlying or alleged in any prior or pending civil, criminal, administrative or regulatory proceeding as of the Continuity Date shown in ITEM 4. of the Declarations for this Coverage Part.

i. Notice Under Other Policy Of Insurance

For or arising out of any fact, circumstance, situation, transaction, event or "wrongful employment practice" which, before the effective date of this Coverage Part, was the subject of any notice given by or on behalf of any insured under any other policy of insurance.

m. Laws Related To The Payment Of Wages

For any alleged violation of responsibilities, duties or obligations imposed on an insured under any federal, state, or local law or regulation governing or related to the payment of wages including the payment of overtime, on-call time or minimum wages, or the provision of meal or rest breaks, or the classification of employees for the purpose of determining employees' eligibility for compensation under such laws; provided, that this exclusion will not apply to "claims" for "retaliation" or for alleged violations of the Equal Pay Act.

n. Subsidiaries

For or arising out of any actual or alleged "wrongful employment practice" committed by any "subsidiary", any acquired entity, or any person thereof who is an insured, during any time when such entity is not a "subsidiary" or prior to the acquisition of such entity.

2. Under this Employment Practices Liability Coverage, we will have no duty to pay "damages", but will pay "defense expenses", resulting from any "claim" seeking the following:

a. Injunctive Relief

Costs and expenses incurred or to be incurred to comply with an order, judgment or award of injunctive or other equitable relief of any kind, or that portion of a settlement encompassing injunctive or other equitable relief, including but not limited to actual or anticipated costs and expenses associated with or arising from an insured's obligation to provide reasonable accommodation under, or otherwise comply with, the Americans With Disabilities Act or the Rehabilitation Act of 1973, including amendments thereto and regulations thereunder, or any related or similar law or regulation.

EMPLOYMENT PRACTICES LIABILITY[†]

b. Severance Pay or Penalties

Severance pay or penalties under any policy or procedure providing for payment in the event of separation from employment; or sums sought solely on the basis of a "claim" for unpaid services.

C. Who Is An Insured

1. The following are Insureds for Employment Practices Liability Coverage:

- a. You and any of your "subsidiaries" are insureds.
- b. Any present or former "employees", duly elected or appointed officers, directors, natural person partners or members of the board of managers of, you, your "subsidiaries" or any entity that is an insured under the Who Is An Insured provision, Paragraph C.1.e., are insureds for actual or alleged "wrongful employment practices" committed in the discharge of his or her duties as such.
- c. Any heir, executor, administrator, assignee or other legal representative of any insured identified in Paragraph b. above, is an Insured in the event of the death, incapacity or bankruptcy of any such insured identified in Paragraph b. while acting in the capacity as legal representative for that deceased insured.
- d. Any person who, at the time the "claim" is made, is a lawful spouse, or a person qualifying as a Domestic Partner under the provisions of any applicable federal, state or local law (a "Domestic Partner"), of an insured, is also an insured, but only if:
 - (1) The "claim" against such spouse or Domestic Partner results from a "wrongful employment practice" actually or allegedly committed by the insured to whom the spouse is married, or to whom the Domestic Partner is joined; and
 - (2) Such insured and his or her spouse or Domestic Partner are represented by the same counsel in connection with such "claim".

However, such spouse or Domestic Partner of an insured will not have any greater right to coverage under this Employment Practices Liability Coverage than the insured to whom such spouse is

married, or to whom such Domestic Partner is joined; and will not be an insured for any "wrongful employment practice" committed by such spouse or Domestic Partner.

- e. Any entity that, during the "policy period", you acquire by merger or form or acquire in which you own more than fifty percent (50%) of the outstanding securities representing the right to vote for the election of such corporation's directors, or the right to elect, appoint or designate more than fifty percent (50%) of the members of such limited liability company's board of managers, is an insured, but only for "claims" for "wrongful employment practices" which are committed wholly during the time that you own more than fifty percent (50%) of such entity.

If such acquired or formed entity's "employees" equal more than ten percent (10%) of the combined number of "employees" of you and your "subsidiaries" stated in your most recent application submitted to us, then each of the following is a condition precedent to coverage for such entity:

- (1) Notice of the formation or acquisition has been given to us, and specific request has been submitted to us together with such documentation and information as we require, all within ninety (90) days after the effective date of such formation or acquisition; and
- (2) We have agreed to provide coverage under the Employment Practices Liability Coverage to such entity subject to such additional terms and conditions, including payment of any additional premium, as we may require.

If the acquired or formed entity's "employees" equal no more than ten percent (10%) of the combined number of "employees" of you and your "subsidiaries" stated in your most recent application submitted to us, then notice of such formation or acquisition should be given to us prior to the end of the "policy period".

- 2. The following are not Insureds for Employment Practices Liability Coverage:

EMPLOYMENT PRACTICES LIABILITY⁺

- a. Any "subsidiary" or formed or acquired entity is not an insured for any actual or alleged "wrongful employment practice" committed by such entity, or any person thereof who is an insured, during any time prior to such entity becoming your "subsidiary" or prior to your formation or acquisition of such entity.
- b. Any "subsidiary" or formed or acquired entity is not an insured for any actual or alleged "wrongful employment practice" committed by such entity, or any person thereof who is an insured, during any time within the "policy period" after which you cease to own more than fifty percent (50%) of such entity. But so long as this Employment Practices Liability Coverage remains in effect as to you, coverage for such "subsidiary" or formed or acquired entity will continue to apply to "claims" for "wrongful employment practices" committed wholly prior to the date on which you ceased to own more than fifty percent (50%) of such entity.

D. Limit Of Insurance

- 1. Regardless of the number of persons or entities bringing "claims" and regardless of the number of persons or entities who are insureds, the total limit of our liability to make any payment, including "defense expenses", because of all "claims", including "related claims", made during a single "policy period", will not exceed the amount shown in ITEM 1. of the Declarations for this Coverage Part as the Limit of Insurance, regardless of when payment is made and regardless of when an insured's legal obligation with regard thereto arises or is established. Payment of "defense expenses" will reduce and may exhaust the Limit of Insurance.
- 2. In the event of a judgment in excess of the portion of the Limit of Insurance remaining after prior payments of judgments, settlements, and "defense expenses", our liability with regard thereto will not exceed the then remaining amount of the Limit of Insurance. In no event will we be obligated to make any payment with regard to a "claim" or judgment after the Limit of Insurance has been exhausted by payment or tender of payment with regard to "defense expenses", judgments or settlements.

E. Retention Amount

The Retention Amount shown in ITEM 1. of the Declarations for this Coverage Part will be deducted from all amounts, including "defense expenses", paid by us for each "claim". We will be liable only for sums in excess of the Retention Amount. We will have no obligation to pay "damages" or "defense expenses" until the Retention Amount has been paid by the insured. We may elect to pay all or part of the Retention Amount and, upon notice of the action taken by us, the insured will promptly reimburse us such part of the Retention Amount as has been paid by us.

F. Extended Reporting Period

At any time prior to or within thirty (30) days after the effective date of termination or cancellation for any reason other than nonpayment of premium, the first Named Insured may give us written notice that the first Named Insured desires to purchase, subject to the period of time and percent of premium shown in ITEM 3. of the Declarations for this Coverage Part, the Extended Reporting Period following the effective date of termination or cancellation, regarding "claims" which may be made during such Extended Reporting Period against persons or entities who at the effective date of termination or cancellation are insureds, but only for "wrongful employment practices" committed wholly prior to the effective date of the termination or cancellation, subject to the following provisions:

- 1. Such Extended Reporting Period will be deemed to be part of the "policy period" and not in addition thereto.
- 2. Such Extended Reporting Period will not provide a new, additional or renewed Limit of Insurance, and the Limit of Insurance applicable to all "claims" made during such Extended Reporting Period will be only the remaining portion of the Limit of Insurance for the "policy period" as so extended.
- 3. Notice of a "Potential Claim" may not be given by any insured during such Extended Reporting Period.
- 4. Such Extended Reporting Period will terminate on the effective date of any insurance purchased or obtained by the first Named Insured or the first Named Insured's successors in business, which replaces in whole or in part the insurance afforded by this Employment Practices Liability Coverage. If such other policy provides no coverage for acts occurring prior to its effective date, it will not be deemed

EMPLOYMENT PRACTICES LIABILITY⁺

a replacement within the meaning of this provision.

G. Definitions

The following definitions apply to this Employment Practices Liability Coverage:

1. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including loss of consortium or death resulting from any of these at any time.

2. "Claim":

a. Means any of the following submitted to an insured by or on behalf of or for the benefit of a "claimant" for an actual or alleged "wrongful employment practice":

- (1) A written demand for monetary or injunctive relief;
- (2) A civil or administrative proceeding commenced with a summons, pleading or other legal document; or
- (3) A written request to toll or waive a statute of limitations relating to a potential civil or administrative proceeding;

b. Does not include any labor or grievance arbitration or other proceeding pursuant to a collective bargaining agreement or any type of criminal proceeding.

3. "Claimant" means:

a. A present or former "employee" of or applicant for employment with you, your "subsidiary" or any entity that is an insured under the Who Is An Insured provision, Paragraph C.1.a.;

b. A governmental entity or agency, including but not limited to the Equal Employment Opportunity Commission or similar state or local agency, when acting on behalf of or for the benefit of present or former "employees" or applicants for employment; or

c. Any "independent contractor".

4. "Damages":

a. Means money which an insured is legally obligated to pay as a result of a "claim", including settlements; judgments; back and front pay; compensatory damages; prejudgment and post-judgment interest; and legal fees and expenses of a "claimant" awarded pursuant to a court order or judgment.

b. Does not include:

(1) Civil or criminal fines; sanctions; punitive or exemplary damages or the multiplied portion of any multiplied damage award; liquidated damages; payroll or other taxes; or damages, penalties or types of relief deemed uninsurable under applicable law;

(2) Future compensation, including salary or benefits, for a "claimant" who has been or will be hired, promoted or reinstated to employment pursuant to a settlement, court order, judgment, award or other resolution of a "claim"; or that part of any judgment or settlement which constitutes front pay, future monetary losses including but not limited to pension and other benefits, or other future economic relief or the value or equivalent thereof, if the insured has been ordered, or has the option pursuant to a judgment, order or other award or disposition of a "claim", to promote, accommodate, reinstate, or hire the "claimant" to whom such sums are to be paid, but fails to do so; and

(3) Medical, pension, disability, life insurance, stock options or other similar employee benefits, except and to the extent that a judgment or settlement of a "claim" includes a monetary component measured by the value of pension, medical, disability, life insurance, stock options or other similar employee benefits, as consequential damages for a "wrongful employment practice".

5. "Defense Expenses":

a. Means reasonable and necessary legal fees and expenses incurred in the investigation, adjustment, defense and appeal of "claims", including but not limited to, cost of expert consultants and witnesses and premiums for appeal, injunction, attachment or supersede as bonds (without the obligation to furnish such bonds);

b. Does not include salaries, wages, benefits or overhead of, or paid to, any insured.

6. "Discrimination" means any actual or alleged:

a. Violation of any employment discrimination law; or

EMPLOYMENT PRACTICES LIABILITY⁺

- b. Disparate treatment of, or the failure or refusal to hire a "claimant" because he or she is or claims to be a member of a class which is or is alleged to be legally protected.
- 7. "Employee" means an individual whose labor or service is engaged by and directed by you, your "subsidiary" or any entity that is an insured under the Who Is An Insured provision, Paragraph C.1.e. and:
 - a. Who is on that insured's payroll, including full-time, part-time and seasonal workers;
 - b. Who is a temporary worker or volunteer; or
 - c. Whose services have been leased by you, your "subsidiary" or any entity that is an insured under the Who Is An Insured provision, Paragraph C.1.e.

The status of an individual as an "employee" will be determined as of the date of the actual or alleged "wrongful employment practice".
- 8. "Independent Contractor" means any natural person who performs labor or service solely for you, your "subsidiary" or any entity that is an insured under the Who Is An Insured provision, Paragraph C.1.e., on a full-time basis pursuant to a written contract or agreement, where such labor or service is under that insured's exclusive direction. The status of an individual as an "independent contractor" will be determined as of the date of the actual or alleged "wrongful employment practice".
- 9. "Policy Period" means the policy period shown by the dates set forth in the Declarations for this Coverage Part. In no event will the "policy period" continue past the effective date of termination or cancellation of this Coverage Part.
- 10. "Pollutant" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- 11. "Potential Claim" means a complaint lodged with a "responsible person" that a "wrongful employment practice" has been committed, and which does not constitute a "claim", but which reasonably may be expected to subsequently give rise to a "claim".

- 12. "Prohibited area" means any country or jurisdiction while any trade sanction, embargo or similar regulation imposed by the United States of America applies to and prohibits the transaction of business with or within such country or jurisdiction.
- 13. "Property damage" means:
 - a. Physical injury to tangible property, including all resulting loss of use of that property; or
 - b. Loss of use of tangible property that is not physically injured.
- 14. "Related Claims" means:
 - a. All "claims" based upon, directly or indirectly arising or resulting from, or in any way involving, the same facts, circumstances, situations, transactions, events or "wrongful employment practices"; and
 - b. All "claims" based upon a series of continuous or related facts, circumstances, situations, transactions, events or "wrongful employment practices".
- 15. "Responsible Person" means:
 - a. A duly elected or appointed officer, director, natural person partner, principal, or member of the board of managers;
 - b. A member of the staff of the human resources department; or
 - c. A member of the in-house legal department or general counsel's office; of the Named Insured, any "subsidiary", or any entity that is an insured under the Who Is An Insured provision, Paragraph C.1.e..
- 16. "Retaliation" means "wrongful termination" or other adverse employment action against a "claimant" on account of such "claimant's" exercise or attempted exercise of rights protected by law, refusal to violate any law, or on account of the "claimant" having assisted or testified in or cooperated with a proceeding or investigation regarding alleged violations of law.
- 17. "Sexual Harassment" means unwelcome sexual advances, requests for sexual favors or any other conduct of a sexual nature; which is made a term or condition of a "claimant's" employment or advancement; which the submission to or rejection of is used as a basis for decisions affecting the "claimant"; or which has the purpose or effect of creating an

EMPLOYMENT PRACTICES LIABILITY⁺

- intimidating, hostile or offensive work environment.
- 18. "Subsidiary"** means any corporation or limited liability company in which, on or prior to the first day of the "policy period" shown in the Declarations for this Coverage Part, you own, directly or through one or more "subsidiaries", more than fifty percent (50%) of the outstanding securities representing the right to vote for the election of such corporation's directors, or the right to elect, appoint or designate more than fifty percent (50%) of the members of such limited liability company's board of managers.
- 19. "Workplace Harassment"** means harassment, other than "sexual harassment", which creates a work environment that interferes with job performance, or creates an intimidating, hostile, or offensive work environment.
- 20. "Wrongful Employment Practice"** means any of the following occurring in the course of or arising out of the "claimant's" employment, application for employment or performance of services with you, your "subsidiary" or any entity that is an insured under the Who Is An Insured provision, Paragraph C.1.e. :
- a. "Discrimination";
 - b. "Retaliation";
 - c. "Sexual harassment";
 - d. "Workplace harassment";
 - e. "Wrongful termination";
 - f. Breach of employment agreement;
 - g. Violation of the Family Medical Leave Act;
 - h. Employment-related misrepresentation;
 - i. Invasion of privacy, or defamation, including libel or slander;
 - j. Failure to: create or enforce adequate workplace or employment policies and procedures, employ or promote, or grant tenure; and
 - k. Wrongful discipline, denial of training, deprivation of career opportunity, denial or deprivation of seniority, or evaluation.
- 21. "Wrongful Termination"** means actual or constructive termination of an employment relationship with you, your "subsidiary" or any entity that is an insured under the Who Is An Insured provision, Paragraph C.1.e., in a manner or for a reason which is contrary to applicable law or public policy, or in violation of an implied employment agreement.

SECTION II – IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE**A. Insuring Agreement**

We will reimburse an insured for "expenses" as the direct result of any one "identity fraud" discovered during the "policy period".

This Identity Fraud Expense Reimbursement Coverage applies only to "identity fraud", occurring anywhere in the world except the "prohibited area", which is either discovered during, or occurs wholly during, the "policy period" and is reported to us during the "policy period" or within 30 days following the termination of either:

1. This Coverage Part; or
2. The insured's employment with you or your "subsidiary".

B. Exclusions

This Identity Fraud Expense Reimbursement Coverage does not apply to:

1. Fraudulent, Dishonest or Criminal Acts

Loss due to any fraudulent, dishonest or criminal act by an insured or any person acting in concert with an insured, or by any authorized representative of an insured, whether acting alone or in collusion with others.

2. Loss Other Than Expenses

Loss other than "expenses".

3. When Individual Not An Insured

An "identity fraud" that was discovered, or "expenses" incurred, when an individual was not an insured.

4. Nuclear

Loss due to nuclear reaction, nuclear radiation or radioactive contamination, or due to any act or condition incident to any of the foregoing.

5. War

Loss due to war, whether or not declared, civil war, insurrection, rebellion, revolution, or to any act or condition incident to any of the foregoing.

C. Who Is An Insured

An individual whose labor or service is engaged by and directed by you or your "subsidiaries" and who is on your payroll or the payroll of any of your "subsidiaries" including full-time and part-time workers. The status of an individual as an insured will be determined as of the date such person discovers "identity fraud".

EMPLOYMENT PRACTICES LIABILITY⁺**D. Limit Of Insurance**

Our limit of liability per insured for any one loss covered under this Identity Fraud Expense Reimbursement Coverage will not exceed the applicable Limit of Insurance shown in ITEM 2. of the Declarations for this Coverage Part. Under this Identity Fraud Expense Reimbursement Coverage, all losses incidental to an act or series of related acts or arising from the same method of operation, whether committed by one or more persons, will be deemed to arise out of one occurrence and will be treated as one loss. Should one such act cause a covered loss to more than one insured, the available Limit of Insurance under this Identity Fraud Expense Reimbursement Coverage and the deductible amount will apply to each insured separately.

Our liability to any one insured for all losses covered under this Identity Fraud Expense Reimbursement Coverage will not exceed the applicable Limit of Insurance shown in ITEM 2. of the Declarations for this Coverage Part.

E. Deductible

We will be liable only for the amount by which any loss exceeds the applicable Deductible Amount as shown in ITEM 2. of the Declarations for this Coverage Part. This Deductible Amount applies to each and every loss and will have no aggregate limitation.

F. Definitions

The following definitions apply to this Identity Fraud Expense Reimbursement Coverage:

1. "Expenses" means any of the following incurred by an insured:
 - a. Costs for notarizing fraud affidavits or similar documents for financial institutions or similar credit grantors or credit agencies that have required that such affidavits be notarized.
 - b. Costs for certified mail to law enforcement agencies, credit agencies, financial institutions or similar credit grantors.
 - c. Lost wages, up to a maximum payment of \$500 per week for a maximum period of four weeks, as a result of time taken off from work to meet with, or talk to, law enforcement agencies, credit agencies and/or legal counsel, to complete fraud affidavits, or due to wrongful incarceration arising solely from someone having committed a crime in the insured's name,
2. "Identity Fraud" means the act of knowingly transferring or using, without lawful authority, a means of identification of an insured with the intent to commit, or to aid or abet, any unlawful activity that constitutes a violation of Federal law or a felony under any applicable state or local law.
3. "Policy Period" means the policy period shown by the dates set forth in the Declarations for this Coverage Part; in no event will the "policy period" continue past the effective date of termination or cancellation of this Coverage Part.
4. "Prohibited area" means any country or jurisdiction while any trade sanction, embargo or similar regulation imposed by the United States of America applies to and prohibits the transaction of business with or within such country or jurisdiction.
5. "Subsidiary" means any corporation or limited liability company in which, on or prior to the first day of the "policy period" shown in the Declarations for this Coverage Part, you own, directly or through one or more "subsidiaries", more than fifty percent (50%) of the outstanding securities representing the right to vote for the election of such corporation's di-

provided, that all charges are dropped or the insured is acquitted.

- d. Loan application fees for re-applying for a loan or loans when the original application is rejected solely because the lender received incorrect credit information.
- e. Charges incurred for long distance telephone calls to merchants, law enforcement agencies, financial institutions or similar credit grantors, or credit agencies to report or discuss an actual "identity fraud".
- f. Reasonable attorney fees incurred, with our prior consent, for:
 - (1) Defense of lawsuits brought against the insured by merchants or their collection agencies,
 - (2) The removal of any criminal or civil judgments wrongly entered against an insured, and
 - (3) Challenging the accuracy or completeness of any information in a consumer credit report.
- g. Costs for daycare and eldercare incurred solely as a direct result of "identity fraud".

EMPLOYMENT PRACTICES LIABILITY[†]

rectors, or the right to elect, appoint or designate more than fifty percent (50%) of the members of such limited liability company's board of managers.

SECTION III – CONDITIONS APPLICABLE TO THIS COVERAGE PART

A. The following Conditions apply to both SECTION I – EMPLOYMENT PRACTICES LIABILITY COVERAGE and SECTION II – IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE in addition to the COMMON POLICY CONDITIONS :

1. Other Insurance

This Insurance will apply only as excess insurance over, and will not contribute with, any other valid and collectible insurance available to the Insured, unless such other insurance is specifically in excess of the insurance provided by this Coverage Part.

2. Subrogation

In the event of payment under this Coverage Part, we will be subrogated to all of the Insured's rights of recovery against any person or organization to the extent of such payment and the Insured will execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The Insured will do nothing to prejudice such rights.

3. Endorsements Applicable To Employment-Related Practices Liability Coverage Part

Any endorsement to this policy that states that it modifies insurance provided under the Employment-Related Practices Liability Coverage Part will be deemed to modify the insurance provided under this Coverage Part.

B. The following Conditions apply to SECTION I – EMPLOYMENT PRACTICES LIABILITY COVERAGE :

1. Insured's Duties In The Event Of A Claim

It is a condition precedent to all insurance afforded by this Employment Practices Liability Coverage that:

- a. In the event the insured becomes aware that a "claim" has been made, written notice of the particulars of such "claim", including all facts constituting any actual or alleged "wrongful employment practice", the identity of each person allegedly involved in or affected by such "wrongful employment practice", and the date(s) of the alleged events, must be provided to

us as soon as practicable but in no event more than ninety (90) days following termination of the "policy period".

- b. The Insured must as soon as practicable forward to us every demand, notice, summons or legal process received with respect to any "claim".
- c. The Insured must cooperate with us and, upon our request, assist in making settlements and in defense of "claims" and in enforcing rights of contribution or indemnity against any person or entity which may be liable to the insured because of an act or omission insured under this Employment Practices Liability Coverage, must attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses.
- d. The Insured will not voluntarily settle any "claim", make a settlement offer, assume or admit liability, nor, except at the insured's own cost, voluntarily make any payment, pay or incur any "defense expenses", or assume any obligation or incur any other expense, without our prior written consent, such consent not to be unreasonably withheld.

2. Action Against Us

No action will lie against us unless, as a condition precedent thereto, there will have been full compliance with all of the terms of this Employment Practices Liability Coverage, nor until the amount of the Insured's obligation to pay has been finally determined either by judgment against the insured after actual trial or by written agreement of the insured, the "claimant" and us.

Any person or organization or the legal representative thereof who has secured such judgment or written agreement will thereafter be entitled to recover under this Employment Practices Liability Coverage, in a court of competent jurisdiction in the United States, its territories or possessions, or Canada, to the extent of the insurance afforded by this Employment Practices Liability Coverage. No person or organization will have any right under this Employment Practices Liability Coverage to join us as a party to any action against the insured to determine the insured's liability, nor will we be impleaded by the insured or said insured's legal representative. Bankruptcy or insolvency of the insured will

EMPLOYMENT PRACTICES LIABILITY[†]

not relieve us of any of our obligations hereunder.

3. Representations

By accepting this Employment Practices Liability Coverage, each Insured represents and agrees that the statements contained in the application, which is deemed to be attached hereto, incorporated herein, and forming a part hereof, are said insured's agreements and representations, that such representations are material to our acceptance of this risk, that we issued this Employment Practices Liability Coverage in reliance upon the truth of such representations, and it embodies all agreements between said insured and us or any of our agents.

If any statement or representation in the application is untrue with respect to this Employment Practices Liability Coverage, this Employment Practices Liability Coverage is void and of no effect whatsoever, but only with respect to:

- a. Any natural person who is an insured under the **Who Is An Insured** provision, Paragraph C.1.b., c. or d. who knew, as of the effective date of this Coverage Part, that the statement or representation was untrue;
- b. Any Named Insured, any "subsidiary" or any entity that is an insured under the **Who Is an Insured** provision, Paragraph C.1.e., if any "responsible person" knew that the statement or representation was untrue.

Whether a natural person who is an insured under the **Who Is An Insured** provision, Paragraph C.1.b., c. or d. or any "responsible person" had such knowledge will be determined without regard to whether the natural person who is an insured under the **Who Is An Insured** provision, Paragraph C.1.b., c. or d. or the "responsible person" actually knew the application, or any other applications completed or submitted for this Employment Practices Liability Coverage, contained any such untrue statement or representation.

4. Change Of Control

If more than fifty percent (50%) of the ownership of the first Named Insured is changed during the "policy period", this Employment Practices Liability Coverage will continue in full force and effect with respect to "claims" for "wrongful employment practices" commit-

ted wholly prior to such event, but coverage will cease with respect to "claims" for "wrongful employment practices" committed, in whole or in part, after such event.

C. The following Conditions apply to SECTION II – IDENTITY FRAUD EXPENSE REIMBURSEMENT COVERAGE :

1. Change in Exposure

If, at any time during the "policy period", the number of insureds exceeds one hundred fifty per cent (150%) of the number of insureds stated in your most recent application submitted to us, then you will immediately provide written notice to us of such increase in insureds and will pay any additional premium that we may require.

2. Recoveries

Any recoveries, less the cost of obtaining them, made after settlement of loss covered by this Identity Fraud Expense Reimbursement Coverage will be distributed as follows:

- a. First, to the insured, until the insured is reimbursed for any loss that was sustained by the insured that exceeds the Limit of Insurance and the Deductible Amount, if any;
- b. Then to us, until we are reimbursed for the settlement made; and
- c. Then to the insured until the insured is reimbursed for that part of the loss equal to the Deductible Amount, if any.

Recoveries do not include any recovery from insurance, suretyship, reinsurance, security or indemnity taken for our benefit.

3. Ownership Interests Covered

This Identity Fraud Expense Reimbursement Coverage will be for the sole use and benefit of the insured and you. It provides no rights or benefits to any other person, entity, or organization.

4. Insured's Duties When Loss Occurs

Upon knowledge or discovery of loss or of an occurrence which may give rise to a claim under the terms of this Identity Fraud Expense Reimbursement Coverage, the insured will give notice thereof as soon as practicable to us, and file detailed proof of loss, duly sworn to, with us within one hundred twenty (120) days after the discovery of loss. If the loss involves a violation of law, the insured will also notify the police.

EMPLOYMENT PRACTICES LIABILITY⁺

Upon our request, the insured will submit to examination by us, subscribe the same, under oath if required, and produce for our examination all pertinent records, all at such reasonable times and places as we will designate, and will cooperate with us in all matters pertaining to loss or claims with respect thereto. Compliance with all terms and conditions of this Identity Fraud Expense Reimbursement Coverage is a precedent to recovery under this Identity Fraud Expense Reimbursement Coverage.

The insured will keep books, receipts, bills and other records in such manner that we can accurately determine therefrom the amount of any loss. At any time subsequent to the reporting thereof to us, we may examine and audit the insured's books and records as they relate to a loss under this Identity Fraud Expense Reimbursement Coverage.

5. Action Against Us

No action will lie against us unless, as a condition precedent thereto, there will have been

full compliance with all terms of this Identity Fraud Expense Reimbursement Coverage, nor until 90 days after the required proof of loss has been filed with us, nor at all unless commenced within two years from the date when the insured first discovers the loss. If any limitation of time for notice of loss or any legal proceeding herein contained is shorter than that permitted to be fixed by agreement under any statute controlling the construction of this Identity Fraud Expense Reimbursement Coverage, the shortest permissible statutory limitation of time will govern and will supersede the time limitation herein stated.

6. Concealment or Misrepresentation

This Indemnity Fraud Expense Reimbursement Coverage is void as to any insured if, at any time, such insured intentionally conceals or misrepresents a material fact concerning either this insurance or a claim under this insurance.

EMPLOYMENT PRACTICES LIABILITY⁺

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VIRGINIA MANDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

EMPLOYMENT PRACTICES LIABILITY⁺ WITH IDENTITY FRAUD EXPENSE REIMBURSEMENT
COVERAGE PART

PROVISIONS

1. The following replaces Paragraph F., Extended Reporting Period, of SECTION I – EMPLOYMENT PRACTICES LIABILITY COVERAGE:

F. Extended Reporting Period

At any time prior to or within thirty (30) days after the effective date of nonrenewal, or cancellation for any reason other than nonpayment of premium, the prior acts date or continuity date is advanced, the policy is renewed on a basis other than claims made, or an exclusionary or restrictive change is made by endorsement during the "policy period", or the policy is renewed with an exclusionary endorsement that restricts or excludes a coverage provided in the last policy issued prior to such renewal, the first Named Insured may give us written notice that the first Named Insured desires to purchase, subject to the period of time and percent of premium shown in ITEM 3, of the Declarations for this Coverage Part, the Extended Reporting Period (minimum twelve (12) months) following the effective date of nonrenewal, cancellation, or any other act stated previously in this section regarding "claims" which may be made during such Extended Reporting Period against persons or entities who at the effective date of nonrenewal or cancellation, or any other act stated previously in this section, are insureds, but only for "wrongful employment practices" committed wholly prior to the effective date of the nonrenewal, cancellation, or any other act stated previously in this section subject to the following provisions:

1. Such Extended Reporting Period will be deemed to be part of the "policy period" and not in addition thereto.
2. Such Extended Reporting Period will provide a one-time renewed Limit of Insurance applicable to all "claims" made during such Extended Reporting Period provided that in no event will this renewed limit exceed the amount shown in ITEM 1.

of the Declarations for this Coverage Part as the Limit of Insurance.

3. Notice of a "potential claim" may not be given by any insured during such Extended Reporting Period.
 4. Such Extended Reporting Period will be excess over any insurance purchased or obtained by the first Named Insured or its successors in business, which replaces in whole or in part the insurance afforded by this policy.
 5. Virginia Insureds have optional Extended Reporting Period choices: 1) the Virginia insured has the option to purchase any available optional Extended Reporting Period with a reinstated Limit of Insurance in standard lengths of three (3), six (6) and twelve (12) months. 2) One of the additional optional Extended Reporting Periods is a two (2) year Extended Reporting Period with a reinstated Limit of Insurance.
 6. Such Extended Reporting Period cannot be cancelled by us except for nonpayment of premium or fraud.
2. The following replaces Paragraph a. of the definition of "damages" in Paragraph G.4. of SECTION I – EMPLOYMENT PRACTICES LIABILITY COVERAGE:
 - a. Means money which an insured is legally obligated to pay as a result of a "claim", including settlements; judgments; back and front pay; compensatory damages; prejudgment interest; and legal fees and expenses of a "claimant" awarded pursuant to a court order or judgment.
 3. The following is added to Paragraph A. of SECTION III – CONDITIONS APPLICABLE TO THIS COVERAGE PART:

When We Do Not Renew

 - a. If we elect not to renew this policy, we will mail or deliver a notice of nonrenewal to the first Named Insured shown in the Declara-

EMPLOYMENT PRACTICES LIABILITY⁺

tions stating the reason for nonrenewal, at least:

- (1) 15 days before the expiration date if the nonrenewal is due to nonpayment of premium; or
- (2) 45 days before the expiration date if the nonrenewal is for any other reason.

- b. We will send written notice by registered or certified mail or deliver written notice of nonrenewal to the first Named Insured's last mailing address known to us.

Loss Information

At the request of the first Named Insured, we will provide loss information to the first Named Insured within forty-five (45) days of a request.

4. The following replaces Paragraph B.1.a of SECTION III – CONDITIONS APPLICABLE TO THIS COVERAGE PART:

- a. In the event the insured becomes aware that a "claim" has been made, written notice of the particulars of such "claim", including all facts constituting any actual or alleged "wrongful employment practice", the identity of each person allegedly involved in or affected by such "wrongful employment practice", and the dates of the alleged events, must be provided to us as soon as practicable but in no event more than ninety (90) days following termination of the "policy period", or upon the termination of the Extended Reporting Period, if purchased.

5. The following is added to Paragraph B.2., Action Against Us, of SECTION III – CONDITIONS APPLICABLE TO THIS COVERAGE PART:

Bankruptcy or Insolvency of the Insured's estate will not relieve us of any of our obligations hereunder.

6. The following is added to Paragraph B.3., Representations, of SECTION III – CONDITIONS APPLICABLE TO THIS COVERAGE PART:

Policies may only be voided by court order.

7. The following replaces Paragraphs 2., 3. and 5. of Paragraph A., Cancellation, of the COMMON POLICY CONDITIONS and supersedes any other provisions to the contrary:

- 2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation, stating the reason for cancellation, at least:
 - a. 15 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 45 days before the effective date of cancellation if we cancel for any other reason.
- 3. We will send written notice by registered or certified mail or deliver written notice to the first Named Insured's last mailing address known to us.
- 5. If this policy is cancelled, we will send the first Named Insured any premium refund due. The cancellation will be effective even if we have not made or offered a refund. The following provisions govern calculation of return premium.
 - a. We will compute return premium pro rata and round to the next higher whole dollar when this policy is cancelled:
 - (1) At our request;
 - (2) Because you no longer have a financial or insurable interest in the property or business operation that is the subject of insurance;
 - (3) And rewritten by us or a member of our company group; or
 - (4) After the first year, if it is a prepaid policy written for a term of more than one year.
 - b. When this policy is cancelled at your request (except when Paragraph 5.a.(2), 5.a.(3) or 5.a.(4) applies), we will return 90% of the pro rata unearned premium, rounded to the next higher whole dollar. However, when such cancellation takes place during the first year of a multi-year prepaid policy, we will return the full annual premium for the subsequent years. In addition, earned premium will not be less than our policy writing minimum premium.



One Tower Square, Hartford, Connecticut 06183

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 12/18/2014INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2014 to 12/31/2015 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number 001

Building Number 001

Item No.	Type of Sign	Lettering	Limit of Insurance
TBD	/	TBD	\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.

CM TO 98 11 97



One Tower Square, Hartford, Connecticut 06163

**COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONS****POLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 12/18/2014****INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA****DECLARATIONS PERIOD:** From 12/31/2014 to 12/31/2015 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:**SIGNS COVERAGE FORM**

Premise Location Number 002

Building Number 001

Item No.	Type of Sign	Lettering	Limit of Insurance
TBD	TBD		\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

**2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.**

CM TO 98 11 97



One Tower Square, Hartford, Connecticut 06183

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 68D-0E003121-14-42
ISSUE DATE: 12/18/2014INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2014 to 12/31/2015 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number 003

Building Number 001

Item No.	Type of Sign	Lettering	Limit of Insurance
TBD	TBD		\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.

CM TO 98 11 97



One Tower Square, Hartford, Connecticut 06183

**COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONS**

POLICY NUMBER: 680-0E003121-14-42

ISSUE DATE: 12/18/2014

INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2014 to 12/31/2015 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number 004

Building Number 001

Item No.	Type of Sign	Lettering	Limit of Insurance
TBD	TBD		\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

**2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.**

CM TO 98 11 97



One Tower Square, Hartford, Connecticut 06163

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 690-0E003121-14-42
ISSUE DATE: 12/18/2014INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2014 to 12/31/2015 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number 005

Building Number 001

Item No.	Type of Sign	Lettering	Limit of Insurance
TBD	TBD		\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART;
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.

CM TO 98 11 97



One Tower Square, Hartford, Connecticut 06169

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONS

POLICY NUMBER: 680-0E003121-14-42

ISSUE DATE: 12/16/2014

INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2014 to 12/31/2015 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number 006

Building Number 001

Item No.	Type of Sign	Lettering	Limit of insurance
	TBD	TBD	\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.

CM TO 98 11 97



One Tower Square, Hartford, Connecticut 06183

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 680-DE003121-14-42
ISSUE DATE: 12/18/2014INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2014 to 12/31/2015 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:**SIGNS COVERAGE FORM**

Premise Location Number 007

Building Number 001

Item No.	Type of Sign	Lettering	Limit of Insurance
	TBD	TBD	\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

**2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.**

CM TO 98 11 97



One Tower Square, Hartford, Connecticut 06183

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONSPOLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 12/18/2014INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2014 to 12/31/2015 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:

SIGNS COVERAGE FORM

Premise Location Number 008

Building Number 001

Item No.	Type of Sign	Lettering	Limit of Insurance
	TBD	TBD	\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

	Limit of Insurance
All Covered Property At All Locations	\$ 10,000

2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.

CM T0 98 11 97



One Tower Square, Hartford, Connecticut 06183

COMMERCIAL INLAND MARINE
COVERAGE PART DECLARATIONS

POLICY NUMBER: 680-0E003121-14-42

ISSUE DATE: 12/18/2014

INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 12/31/2014 to 12/31/2015 12:01 A.M Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Inland Marine Coverage Part consists of these Declarations, the Commercial Inland Marine Conditions Form and the Coverage Forms shown below.

1. COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLES:**SIGNS COVERAGE FORM**

Premise Location Number 009

Building Number 001

Item No.	Type of Sign	Lettering	Limit of Insurance
TBD		TBD	\$10,000

Deductible: 5% of the Limit of Insurance, but not less than \$50.00 for each covered sign.

All Covered Property At All Locations	Limit of Insurance
	\$ 10,000

**2. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART:
SEE FORMS, SCHEDULES AND ENDORSEMENTS ON COMMON POLICY DECLARATIONS.**

CM TO 98 11 97

POLICY NUMBER: 680-0E003121-14-42

ISSUE DATE: 12/18/2014

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED ENTITY – NOTICE OF CANCELLATION/NONRENEWAL PROVIDED BY US

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

SCHEDULE

CANCELLATION:

Number of Days Notice of Cancellation: 30

NONRENEWAL:

Number of Days Notice of Nonrenewal: 30

PERSON OR

ORGANIZATION:

STANCORP MORTGAGE INVESTORS LLC , OR ITS
ASSIGNS

ADDRESS:

C/O NORTHMARG CAPITAL 3500 AME
BLOOMINGTON MN 55431

PROVISIONS:

- A. If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, and a number of days is shown for cancellation in the schedule above, we will mail notice of cancellation to the person or organization shown in the schedule above. We will mail such notice to the address shown in the schedule above at least the number of days shown for cancellation in the schedule above before the effective date of cancellation.
- B. If we decide to not renew this policy for any statutorily permitted reason, and a number of days is shown for nonrenewal in the schedule above, we will mail notice of the nonrenewal to the person or organization shown in the schedule above. We will mail such notice to the address shown in the schedule above at least the number of days shown for nonrenewal in the schedule above before the expiration date.

GENERAL PURPOSE ENDORSEMENT

POLICY NUMBER: 680-0E003121-14-42

BUILDING PAC

ISSUE DATE: 12/18/2014

The Named Insured is amended to read:

OJB INVESTMENT GROUP, LC

OJB/RICHMOND HWY, LLC. O.J.B./AJRE JV, LC, OJB/101 NORTH FREDERICK, LC; WATSON STREET GROUP, LLC CDG-GFI-OJB TENANTS IN COMMON MID-ATLANTIC 9822 SUBSIDIARY, INC. OJB/12260 ROCKVILLE PIKE, LC O.J.B. AJRE,J.V.LLC WATSON STREET GROUP, LLC. MID-ATLANTIC 9822 SUBSIDIARY, LLC; METHUCHEN III, LLC; LEE HIGHWAY, LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VIRGINIA CHANGES

This endorsement modifies insurance provided under the following when written as part of a Commercial Package Policy containing liability coverage and supersedes the cancellation and nonrenewal provisions contained in any amendatory endorsement(s) of a policy to which this endorsement is attached.

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART

COMMERCIAL INLAND MARINE COVERAGE PART

COMMERCIAL PROPERTY COVERAGE PART

CRIME AND FIDELITY COVERAGE PART

EQUIPMENT BREAKDOWN COVERAGE PART

A. Paragraphs 2., 3. and 5. of the Cancellation Common Policy Condition are replaced by the following:

2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation, stating the reason for cancellation, at least:
 - a. 15 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 45 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver written notice to the first Named Insured's last mailing address known to us. If notice is mailed, it will be sent by ordinary mail for which a Certificate of Mailing has been obtained, or by registered or certified mail.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. The cancellation will be effective even if we have not made or offered a refund. The following provisions govern calculation of return premium:
 - a. We will compute return premium pro rata and round to the next higher whole dollar when this policy is cancelled:
 - (1) At our request;
 - (2) Because you no longer have a financial or insurable interest in the property or business operation that is the subject of insurance;

(3) And rewritten by us or a member of our company group; or

(4) After the first year, if it is a prepaid policy written for a term of more than one year.

b. When this policy is cancelled at your request (except when Paragraph a.(2), a.(3) or a.(4) applies), we will return 90% of the pro rata unearned premium, rounded to the next higher whole dollar. However, when such cancellation takes place during the first year of a multi-year prepaid policy, we will return the full annual premium for the subsequent years. In addition, earned premium will not be less than our policywriting minimum premium.

B. The following is added and supersedes any other provision to the contrary:

Nonrenewal

1. If we elect not to renew this policy, we will mail or deliver a notice of nonrenewal to the first Named Insured shown in the Declarations, stating the reason for nonrenewal, at least:
 - a. 15 days before the expiration date if the nonrenewal is due to nonpayment of premium; or
 - b. 45 days before the expiration date if the nonrenewal is for any other reason.
2. We will mail or deliver written notice of nonrenewal to the first Named Insured's last mailing address known to us. If notice is mailed, it will be sent by ordinary mail for which a Certificate of Mailing has been obtained, or by registered or certified mail.

IMPORTANT NOTICE TO VIRGINIA POLICYHOLDERS

**CLAIMS MADE COVERAGES
EXTENDED REPORTING PERIODS**

NO COVERAGE IS PROVIDED BY THIS SUMMARY NOR CAN IT BE CONSTRUED TO REPLACE ANY PROVISIONS IN YOUR POLICY. YOU SHOULD READ YOUR POLICY TO DETERMINE YOUR RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS SUMMARY, THE PROVISIONS OF THE POLICY SHALL PREVAIL.

PLEASE READ THIS NOTICE CAREFULLY.

You have purchased a claims-made liability insurance policy. Please read this policy carefully to understand your coverage. There are certain circumstances in which you must be provided the opportunity to purchase an extended reporting period for reporting claims. These are explained in your policy. If you have any questions regarding the cost of an extended reporting period or the available options under the extended reporting period, please contact your insurance company or your insurance agent.



One Tower Square, Hartford, Connecticut 06183

OTHER INTEREST**CHANGE ENDORSEMENT****INSURING COMPANY:**

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Named Insured:	OJB INVESTMENT GROUP, LC AND AS PER IL T8 00
Policy Number:	680-0E003121-14-42
Policy Effective Date:	12/31/2014
Policy Expiration Date:	12/31/2015
Issue Date:	01/23/2015
RETURN	Premium \$ NIL

Effective from 01/21/15 at the time of day the policy becomes effective.

THIS INSURANCE IS AMENDED AS FOLLOWS:

On the Businessowners Coverage Part Declarations (Mortgagees), the following Mortgage Holder(s) is/are added:

PREM	BLDG	MORTGAGE HOLDER
LOC. NO.	NO.	NAME and MAILING ADDRESS
8	1	BANK OF GEORGETOWN 1115 30TH ST NW WASHINGTON, DC 20007

On the Businessowners Coverage Part Declarations (Mortgagees), the following Mortgage Holder(s) is/are deleted:

PREM	BLDG	MORTGAGE HOLDER
LOC. NO.	NO.	NAME and MAILING ADDRESS
8	1	BURKE & HERBERT BANK & TRUST PO BOX 268 ALEXANDRIA, VA 22313

The following forms and/or endorsements is/are included with this change. These forms are added to the policy or replace forms already existing on the policy:

IL TO 07 09 87
MP TO 27 04 07
MP TO 20 02 05

NAME AND ADDRESS OF AGENT OR BROKER
WILLIS OF MARYLAND INC
12505 PARK POTOMAC AVE # 300

Countersigned by

POTOMAC MD 20854

Authorized Representative

DATE: 01/23/2015

IL TO 07 09 87 (Page 1 of 1)

Office: CHANTILLY/WASEDC

POLICY NUMBER: 680-0E003121-14-42
EFFECTIVE DATE: 12/31/2014
ISSUE DATE: 01/23/2015

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS

*	IL T0 07 09 87	CHANGE ENDORSEMENT
	IL T0 19 02 05	COMMON POLICY DECLARATIONS
	IL T0 25 08 01	RENEWAL CERTIFICATE
	MP T0 01 02 05	BUSINESS OWNERS COVERAGE PART DECLARATIONS
*	IL T8 01 01 01	FORMS ENDORSEMENTS AND SCHEDULE NUMBERS
	IL T3 15 09 07	COMMON POLICY CONDITIONS
	IL T0 20 02 05	ADDITIONAL LOCATIONS
	MP T0 33 04 09	MASTER PAC ACCOUNT EXPOSURE ENDORSEMENT

BUSINESS OWNERS

MP T1 30 02 05	TABLE OF CONTENTS - BUSINESS OWNERS COVERAGE PART - DELUXE PLAN
MP T1 02 02 05	BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM
MP T3 06 02 07	SEWER OR DRAIN BACK UP EXTENSION
MP T3 07 03 97	PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED LOCATIONS AND RESTAURANTS
MP T3 25 01 08	TERRORISM RISK INSURANCE ACT OF 2002 DISCLOSURE
MP T3 31 02 05	EQUIPMENT BREAKDOWN - INCREASED SUBLIMIT FOR SPECIFIC EQUIPMENT
MP T3 50 11 06	EQUIPMENT BREAKDOWN - SERVICE INTERRUPTION LIMITATION
MP T3 56 02 08	AMENDATORY PROVISIONS - GREEN BUILDING AND BUSINESS PERSONAL PROP COV ENHANCEMENTS
MP T5 05 02 05	REPLACEMENT COST PLUS - VIRGINIA
MP T1 35 04 09	ORDINANCE OR LAW COVERAGE
MP T3 23 08 06	FUNGUS, ROT, BACTERIA AND OTHER CAUSES OF LOSS CHANGES

COMMERCIAL GENERAL LIABILITY

CG T0 34 11 03	TABLE OF CONTENTS - COMMERCIAL GENERAL LIABILITY COVERAGE FORM CG 00 01 10 01
CG 00 01 10 01	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 70 01 08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG D2 37 11 03	EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES - COMPLETED OPERATIONS
CG D2 55 11 03	AMENDMENT OF COVERAGE - POLLUTION
CG D3 09 11 03	AMENDATORY ENDR- PRODUCTS-COMPLETED OPERATIONS HAZARD
CG D4 71 02 09	AMENDMENT OF COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY
CG D0 37 04 05	OTHER INSURANCE - ADDITIONAL INSURED'S
CG D1 86 11 03	XTEND ENDORSEMENT
MP T4 45 11 03	Hired Auto and Nonowned Auto Liability - Virginia

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-DE003121-14-42
EFFECTIVE DATE: 12/31/2014
ISSUE DATE: 01/23/2015

COMMERCIAL GENERAL LIABILITY (CONTINUED)

CG D2 43 01 02	FUNGI OR BACTERIA EXCLUSION
CG D2 56 11 03	AMENDMENT OF COVERAGE - PROPERTY DAMAGE
CG D2 88 11 03	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG D3 26 10 11	EXCLUSION - UNSOLICITED COMMUNICATION
CG D3 56 05 14	MOBILE EQUIPMENT REDEFINED - EXCLUSION OF VEHICLES SUBJECT TO MOTOR VEHICLE LAWS
CG D4 21 07 08	AMEND CONTRAL LIAB EXCL - EXC TO NAMED INS
CG D6 18 10 11	EXCLUSION - VIOLATION OF CONSUMER FINANCIAL PROTECTION LAWS
CG D1 42 01 99	EXCLUSION - DISCRIMINATION
CG D2 42 01 02	EXCLUSION - WAR
CG T4 78 02 90	EXCLUSION - ASBESTOS
CG 01 79 07 10	VIRGINIA CHANGES
CG 26 73 06 02	MARYLAND CHANGES - PREMIUM AUDIT CONDITION

EMPLOYMENT PRACTICES LIABILITY

PR T0 07 04 09	EMPLOYMENT PRACTICES LIABILITY DECLARATIONS
PR T1 10 04 09	EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM
PR F1 06 03 12	VIRGINIA MANDATORY ENDORSEMENT

MULTIPLE SUBLINE ENDORSEMENTS

CG T3 33 11 03	LIMITATION WHEN TWO OR MORE POLICIES APPLY
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COMMERCIAL INLAND MARINE

CM T0 98 11 97	SIGNS COVERAGE FORM - DECLARATIONS
CM T0 11 08 05	COMMERCIAL INLAND MARINE COVERAGE PART - TABLE OF CONTENTS
CM 00 01 09 04	COMMERCIAL INLAND MARINE CONDITIONS
CM 00 28 09 04	SIGNS COVERAGE FORM

INTERLINE ENDORSEMENTS

IL T4 00 12 09	DESIGNATED ENTITY - NOTICE OF CANCELLATION OR NONRENEWAL PROVIDED BY US
IL T3 82 05 13	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
IL T8 00 12 14	GENERAL PURPOSE ENDORSEMENT
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL 00 22 05 87	EFFECTIVE TIME CHANGES - REPLACEMENT OF 12 NOON
IL 00 44 06 90	VIRGINIA CHANGES - POLICY PERIOD
IL 01 06 09 07	VIRGINIA CHANGES - APPRAISAL
IL 01 52 01 12	VIRGINIA CHANGES

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-14-42
EFFECTIVE DATE: 12/31/2014
ISSUE DATE: 01/23/2015

INTERLINE ENDORSEMENTS (CONTINUED)

IL 02 07 04 11	MARYLAND CHANGES
IL 02 12 09 07	VIRGINIA CHANGES
IL T3 79 01 08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL FO 57 09 12	VIRGINIA CHANGES

POLICY HOLDER NOTICES

PN T4 51 11 04	IMP NOTICE TO VIRGINIA POLICYHOLDERS CLAIMS MADE COVS EXTENDED REPORTING PERIODS
PN T9 13 01 13	IMP NOTICE TO VA POLICYHOLDERS - EQ

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.



One Tower Square, Hartford, Connecticut 06183

MORTGAGEES:
POLICY NO.: 680-0E003121-14-42
ISSUE DATE: 01/23/2015

PREMISES LOCATION NUMBER	BUILDING NUMBER	MORTGAGE HOLDER NAME AND MAILING ADDRESS
001	001	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA 2100 ROSS AVE STE 2500 DALLAS TX 75201
002	001	STAMCORP MORTGAGE INVESTORS LLC OR ITS ASSIGNS C/O NORTH MARQ CAPITAL 3500 AMERICAN BLVD. W. #500 BLOOMINGTON MN 55431
004	001	CITIBANK (WEST) FSB PO BOX 193924 SAN FRANCISCO CA 94119
005	001	WELLS FARGO BANK NA AS MASTER SERVICER CMS INS.C/O DSR IMG D1118-02W 1525 WEST WT HARRIS BLVD. CHARLOTTE NC 28262
006	001	WELLS FARGO BANK NA AS MASTER SERVICER CMS INS.C/O DSR IMG D1118-02W 1525 WEST WT HARRIS BLVD. CHARLOTTE NC 28262
006	001	BRANCH BANKING & TRUST CO PO BOX 25610C CHARLOTTE NC 28229



One Tower Square, Hartford, Connecticut 06189

MORTGAGEES:

POLICY NO.: 680-0E003121-14-42
ISSUE DATE: 01/23/2015

PREMISES LOCATION NUMBER	BUILDING NUMBER	MORTGAGE HOLDER NAME AND MAILING ADDRESS	
007	001	GREENHILL CAPITAL INVESTMENT LLC 4901 FAIRMONT AVE STE 200 BETHESDA	MD 20814
008	001	BANK OF GEORGETOWN 1115 30TH ST NW WASHINGTON	DC 20007

GENERAL PURPOSE ENDORSEMENT

POLICY NUMBER: 680-0E003121-14-42

BUILDING PAC

ISSUE DATE: 01/23/2015

The Named Insured is amended to read:

OJB INVESTMENT GROUP, LC

OJB/RICHMOND HWY, LLC. O.J.B./AJRE JV, LC. OJB/101 NORTH FREDERICK, LC; WATSON STREET GROUP, LLC CDG-GFI-OJB TENANTS IN COMMON MID-ATLANTIC 9822 SUBSIDIARY, INC. OJB/12260 ROCKVILLE PIKE, LC O.J.B. AJRE,J.V.LLC WATSON STREET GROUP, LLC. MID-ATLANTIC 9822 SUBSIDIARY, LLC; MUTHUCHEN III, LLC; LEE HIGHWAY, LLC



One Tower Square, Hartford, Connecticut 06183

OTHER INTEREST

CHANGE ENDORSEMENT

INSURING COMPANY:

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Named Insured:	OJB INVESTMENT GROUP, LC AND AS PER CG DO 74
Policy Number:	680-0E003121-14-42
Policy Effective Date:	12/31/2014
Policy Expiration Date:	12/31/2015
Issue Date:	04/24/2015
RETURN	Premium \$ NIL

Effective from 04/20/15 at the time of day the policy becomes effective.

THIS INSURANCE IS AMENDED AS FOLLOWS:

Under the Businessowners Coverage Part, coverage is added on the Master Pac Account Exposure Endorsement.
Refer to form attached.

The following forms and/or endorsements is/are included with this change.
These forms are added to the policy or replace forms already existing on the policy:

CG T8 01 12 14
IL T0 07 09 87
MP T0 27 04 07

NAME AND ADDRESS OF AGENT OR BROKER
WILLIS OF MARYLAND INC
12505 PARK POTOMAC AVE # 300

POTOMAC MD 20854

Countersigned by

Authorized Representative

DATE: 04/24/2015

IL T0 07 09 87 (Page 1 of 1)

Office: CHANTILLY/WASHDC

POLICY NUMBER: 680-0E003121-14-42
EFFECTIVE DATE: 12/31/2014
ISSUE DATE: 04/24/2015

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS

*	IL T0 07 09 87	CHANGE ENDORSEMENT
	IL T0 19 02 05	COMMON POLICY DECLARATIONS
	IL T0 25 08 01	RENEWAL CERTIFICATE
	MP T0 01 02 05	BUSINESSOWNERS COVERAGE PART DECLARATIONS
*	IL T8 01 01 01	FORMS ENDORSEMENTS AND SCHEDULE NUMBERS
	IL T3 15 09 07	COMMON POLICY CONDITIONS
	IL T0 20 02 05	ADDITIONAL LOCATIONS
	MP T0 33 04 09	MASTER PAC ACCOUNT EXPOSURE ENDORSEMENT

BUSINESSOWNERS

MP T1 30 02 05	TABLE OF CONTENTS - BUSINESSOWNERS COVERAGE PART - DELUXE PLAN
MP T1 02 02 05	BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM
MP T3 06 02 07	SEWER OR DRAIN BACK UP EXTENSION
MP T3 07 03 97	PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED LOCATIONS AND RESTAURANTS
MP T3 25 01 08	TERRORISM RISK INSURANCE ACT OF 2002 DISCLOSURE
MP T3 31 02 05	EQUIPMENT BREAKDOWN - INCREASED SUBLIMIT FOR SPECIFIC EQUIPMENT
MP T3 50 11 06	EQUIPMENT BREAKDOWN - SERVICE INTERRUPTION LIMITATION
MP T3 56 02 08	AMENDATORY PROVISIONS - GREEN BUILDING AND BUSINESS PERSONAL PROP COV ENHANCEMENTS
MP T5 05 02 05	REPLACEMENT COST PLUS - VIRGINIA
MP T1 35 04 09	ORDINANCE OR LAW COVERAGE
MP T3 23 08 06	FUNGUS, ROT, BACTERIA AND OTHER CAUSES OF LOSS CHANGES

COMMERCIAL GENERAL LIABILITY

CG T0 34 11 03	TABLE OF CONTENTS - COMMERCIAL GENERAL LIABILITY COVERAGE FORM CG 00 01 10 01
CG 00 01 10 01	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 70 01 08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG D2 37 11 03	EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES - COMPLETED OPERATIONS
CG D2 55 11 03	AMENDMENT OF COVERAGE - POLLUTION
CG D3 09 11 03	AMENDATORY ENDR- PRODUCTS-COMPLETED OPERATIONS HAZARD
CG D4 71 02 09	AMENDMENT OF COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY
CG D6 37 04 05	OTHER INSURANCE - ADDITIONAL INSURED
CG D1 86 11 03	XTEND ENDORSEMENT
*	CG T8 01 12 14

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-14-42

EFFECTIVE DATE: 12/31/2014

ISSUE DATE: 04/24/2015

COMMERCIAL GENERAL LIABILITY (CONTINUED)

MP T4 45 11 03	Hired Auto and Nonowned Auto Liability - Virginia
CG D2 43 01 02	Fungi or Bacteria Exclusion
CG D2 56 11 03	Amendment of Coverage - Property Damage
CG D2 88 11 03	Employment-Related Practices Exclusion
CG D3 26 10 11	Exclusion - Unsolicited Communication
CG D3 56 05 14	Mobile Equipment Redefined - Exclusion of Vehicles
CG D4 21 07 08	Subject to Motor Vehicle Laws
CG D6 18 10 11	Amend Contral Liab Excl - Exc to Named Ins
	Exclusion - Violation of Consumer Financial Protection
CG D1 42 01 99	Laws
CG D2 42 01 02	Exclusion - Discrimination
CG T4 78 02 90	Exclusion - War
CG 01 79 07 10	Exclusion - Asbestos
CG 26 73 06 02	Virginia Changes
	Maryland Changes - Premium Audit Condition

EMPLOYMENT PRACTICES LIABILITY

PR T0 07 04 09	Employment Practices Liability Declarations
PR T1 10 04 09	Employment Practices Liability Coverage Form
PR F1 06 03 12	Virginia Mandatory Endorsement

MULTIPLE SUBLINE ENDORSEMENTS

CG T3 33 11 03	Limitation When Two or More Policies Apply
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COMMERCIAL INLAND MARINE

CM T0 98 11 97	Signs Coverage Form - Declarations
CM T0 11 08 05	Commercial Inland Marine Coverage Part - Table of
	Contents
CM 00 01 09 04	Commercial Inland Marine Conditions
CM 00 28 09 04	Signs Coverage Form

INTERLINE ENDORSEMENTS

IL T4 00 12 09	Designated Entity - Notice of Cancellation or
	Nonrenewal Provided by Us
IL T3 82 05 13	Exclusion of Loss Due to Virus or Bacteria
IL T8 00 12 14	General Purpose Endorsement
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad
	Form)
IL 00 22 05 87	Effective Time Changes - Replacement of 12 Noon
IL 00 44 06 90	Virginia Changes-Policy Period
IL 01 06 09 07	Virginia Changes - Appraisal

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-14-42
EFFECTIVE DATE: 12/31/2014
ISSUE DATE: 04/24/2015

INTERLINE ENDORSEMENTS (CONTINUED)

IL 01 52 01 12	VIRGINIA CHANGES
IL 02 07 04 11	MARYLAND CHANGES
IL 02 12 09 07	VIRGINIA CHANGES
IL T3 79 01 08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL F0 57 09 12	VIRGINIA CHANGES

POLICY HOLDER NOTICES

PN T4 51 11 04	IMP NOTICE TO VIRGINIA POLICYHOLDERS CLAIMS MADE COVS EXTENDED REPORTING PERIODS
PN T9 13 01 13	IMP NOTICE TO VA POLICYHOLDERS - EQ

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E009121-14-42
ISSUE DATE: 04/24/2015

COMMERCIAL GENERAL LIABILITY
POLICY NUMBER
ISSUE DATE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED
MORTGAGEE ASSIGNEE SUCCESSOR OR RECEIVER

This endorsement modifies insurance provided under the following

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE
NAME OF PERSON OR ORGANIZATION

PROVIDENT BANK ISAOA, ATIMA
PO BOX 1001
ISELIN, NJ 08830-1001

DESIGNATION OF PREMISES

DURHAM AVENUE
METUCHEN, NJ 08840

&

700 MIDDLESEX AVENUE LOT 37.01
METUCHEN, NJ 08840

If no entry appears above information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

1.WHO IS AN INSURED Section II is amended to include as an insured the persons or organizations shown in the Schedule but only with respect to their liability as mortgagee assignee successor or receiver and arising out of the ownership maintenance or use of the premises by you and shown in the Schedule.

2.This insurance does not apply to structural alterations new construction and demolition operations performed by or for that person or

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 04/24/2015

organization.

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GENERAL PURPOSE ENDORSEMENT

POLICY NUMBER: 680-0E003121-14-42

BUILDING PAC

ISSUE DATE: 04/24/2015

The Named Insured is amended to read:

OJB INVESTMENT GROUP, LC

OJB/RICHMOND HWY, LLC. O.J.B./AJRE JV, LC. OJB/101 NORTH FREDERICK, LC; WATSON STREET GROUP, LLC CDG-GPI-OJB TENANTS IN COMMON MID-ATLANTIC 9822 SUBSIDIARY, INC. OJB/12260 ROCKVILLE PIKE, LC O.J.B. AJRE,J.V.LLC WATSON STREET GROUP, LLC. MID-ATLANTIC 9822 SUBSIDIARY, LLC; METRUCHEN III, LLC; LEE HIGHWAY, LLC



One Tower Square, Hartford, Connecticut 06183

OTHER INTEREST**CHANGE ENDORSEMENT****INSURING COMPANY:**

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Named Insured:	OJB INVESTMENT GROUP, LC AND AS PER CG DO 74
Policy Number:	680-0E003121-14-42
Policy Effective Date:	12/31/2014
Policy Expiration Date:	12/31/2015
Issue Date:	07/01/2015
RETURN	Premium \$ NIL

Effective from 06/30/15 at the time of day the policy becomes effective.

THIS INSURANCE IS AMENDED AS FOLLOWS:

ON THE BUSINESS OWNERS COVERAGE PART DECLARATIONS (MORTGAGEES), THE FOLLOWING MORTGAGE HOLDER(S) IS/ARE ADDED:

PREM	BLDG	MORTGAGE HOLDER
LOC. NO.	NO.	NAME AND MAILING ADDRESS
7	1	UNITED BANK, ISAOA, ATIMA 5530 LEE HWY ARLINGTON, VA 22207

THE FOLLOWING FORMS AND/OR ENDORSEMENTS IS/ARE INCLUDED WITH THIS CHANGE.
THESE FORMS ARE ADDED TO THE POLICY OR REPLACE FORMS ALREADY EXISTING
ON THE POLICY:

IL TO 07 09 87
MP TO 20 02 05

NAME AND ADDRESS OF AGENT OR BROKER
WILLIS OF MARYLAND INC
12505 PARK POTOMAC AVE # 300

Countersigned by

POTOMAC MD 20254

Authorized Representative

DATE: 07/01/2015

IL TO 07 09 87 (Page 1 of 1)

Office: CHANTILLY/WASHDC

POLICY NUMBER: 680-0E003121-14-42
EFFECTIVE DATE: 12/31/2014
ISSUE DATE: 07/01/2015

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS

*	IL T0 07 09 87	CHANGE ENDORSEMENT
	IL T0 19 02 05	COMMON POLICY DECLARATIONS
	IL T0 25 08 01	RENEWAL CERTIFICATE
	MP T0 01 02 05	BUSINESSOWNERS COVERAGE PART DECLARATIONS
*	IL T8 01 01 01	FORMS ENDORSEMENTS AND SCHEDULE NUMBERS
	IL T3 15 09 07	COMMON POLICY CONDITIONS
	IL T0 20 02 05	ADDITIONAL LOCATIONS
	MP T0 33 04 09	MASTER PAC ACCOUNT EXPOSURE ENDORSEMENT

BUSINESSOWNERS

MP T1 30 02 05	TABLE OF CONTENTS - BUSINESSOWNERS COVERAGE PART - DELUXE PLAN
MP T1 02 02 05	BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM
MP T3 06 02 07	SEWER OR DRAIN BACK UP EXTENSION
MP T3 07 03 97	PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED LOCATIONS AND RESTAURANTS
MP T3 25 01 08	TERRORISM RISK INSURANCE ACT OF 2002 DISCLOSURE
MP T3 31 02 05	EQUIPMENT BREAKDOWN - INCREASED SUBLIMIT FOR SPECIFIC EQUIPMENT
MP T3 50 11 06	EQUIPMENT BREAKDOWN - SERVICE INTERRUPTION LIMITATION
MP T3 56 02 08	AMENDATORY PROVISIONS - GREEN BUILDING AND BUSINESS PERSONAL PROP COV ENHANCEMENTS
MP T5 05 02 05	REPLACEMENT COST PLUS - VIRGINIA
MP T1 35 04 09	ORDINANCE OR LAW COVERAGE
MP T3 23 08 06	FUNGUS, ROT, BACTERIA AND OTHER CAUSES OF LOSS CHANGES

COMMERCIAL GENERAL LIABILITY

CG T0 34 11 03	TABLE OF CONTENTS - COMMERCIAL GENERAL LIABILITY
CG 00 01 10 01	COVERAGE FORM CG 00 01 10 01
CG 21 70 01 08	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG D2 37 11 03	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
	EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES - COMPLETED OPERATIONS
CG D2 55 11 03	AMENDMENT OF COVERAGE - POLLUTION
CG D3 09 11 03	AMENDATORY ENDR- PRODUCTS-COMPLETED OPERATIONS HAZARD
CG D4 71 02 09	AMENDMENT OF COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY
CG D0 37 04 05	OTHER INSURANCE - ADDITIONAL INSURED
CG D1 86 11 03	XTEND ENDORSEMENT
CG T8 01 12 14	GENERAL PURPOSE ENDORSEMENT

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-14-42

EFFECTIVE DATE: 12/31/2014

ISSUE DATE: 07/01/2015

COMMERCIAL GENERAL LIABILITY (CONTINUED)

MP T4 45 11 03	Hired Auto and Nonowned Auto Liability - Virginia
CG D2 43 01 02	Fungi or Bacteria Exclusion
CG D2 56 11 03	Amendment of Coverage - Property Damage
CG D2 88 11 03	Employment-Related Practices Exclusion
CG D3 26 10 11	Exclusion - Unsolicited Communication
CG D3 56 05 14	Mobile Equipment Redefined - Exclusion of Vehicles
CG D4 21 07 08	Subject to Motor Vehicle Laws
CG D6 18 10 11	Amend Central LIAA Excl - Exc to Named Ins
CG D8 42 01 99	Exclusion - Violation of Consumer Financial Protection Laws
CG D2 42 01 02	Exclusion - Discrimination
CG T4 78 02 90	Exclusion - War
CG 01 79 07 10	Exclusion - Asbestos
CG 26 73 06 02	Virginia Changes
	Maryland Changes - Premium Audit Condition

EMPLOYMENT PRACTICES LIABILITY

PR TO 07 04 09	Employment Practices Liability Declarations
PR T1 10 04 09	Employment Practices Liability Coverage Form
PR P1 06 03 12	Virginia Mandatory Endorsement

MULTIPLE SUBLINE ENDORSEMENTS

CG T3 33 11 03	Limitation When Two or More Policies Apply
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COMMERCIAL INLAND MARINE

CM TO 98 11 97	Signs Coverage Form - Declarations
CM TO 11 08 05	Commercial Inland Marine Coverage Part - Table of Contents
CM OO 01 09 04	Commercial Inland Marine Conditions
CM OO 28 09 04	Signs Coverage Form

INTERLINE ENDORSEMENTS

IL T4 00 12 09	Designated Entity - Notice of Cancellation or Nonrenewal Provided by Us
IL T3 82 05 13	Exclusion of Loss Due to Virus or Bacteria
IL T8 00 12 14	General Purpose Endorsement
IL OO 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL OO 22 05 87	Effective Time Changes - Replacement of 12 Noon
IL OO 44 06 90	Virginia Changes - Policy Period
IL 01 06 09 07	Virginia Changes - Appraisal

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-14-42

EFFECTIVE DATE: 12/31/2014

ISSUE DATE: 07/01/2015

INTERLINE ENDORSEMENTS (CONTINUED)

IL 01 52 01 12	VIRGINIA CHANGES
IL 02 07 04 11	MARYLAND CHANGES
IL 02 12 09 07	VIRGINIA CHANGES
IL T3 79 01 08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL F0 57 09 12	VIRGINIA CHANGES

POLICY HOLDER NOTICES

PN T4 51 11 04	IMP NOTICE TO VIRGINIA POLICYHOLDERS CLAIMS MADE COVS EXTENDED REPORTING PERIODS
PN T9 13 01 13	IMP NOTICE TO VA POLICYHOLDERS - EQ

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.



One Tower Square, Hartford, Connecticut 06183

MORTGAGEES:
POLICY NO.: 680-0E003121-14-42
ISSUE DATE: 07/01/2015

PREMISES LOCATION NUMBER	BUILDING NUMBER	MORTGAGE HOLDER NAME AND MAILING ADDRESS
001	001	THE PRUDENTIAL INSURANCE COMPANY OF AMERICA 2100 ROSS AVE STE 2500 DALLAS TX 75201
002	001	STANCORP MORTGAGE INVESTORS LLC OR ITS ASSIGNS C/O NORTH MARQ CAPITAL 3500 AMERICAN BLVD. W. #500 BLOOMINGTON MN 55431
004	001	CITIBANK (WEST) FSB PO BOX 193924 SAN FRANCISCO CA 94119
005	001	WELLS FARGO BANK NA AS MASTER SERVICER CMS INS.C/O DSR IMG D1118-02W 1525 WEST WT HARRIS BLVD. CHARLOTTE NC 28262
006	001	WELLS FARGO BANK NA AS MASTER SERVICER CMS INS.C/O DSR IMG D1118-02W 1525 WEST WT HARRIS BLVD CHARLOTTE NC 28262
006	001	BRANCH BANKING & TRUST CO PO BOX 25610C CHARLOTTE NC 28229



One Tower Square, Hartford, Connecticut 06183

MORTGAGEES:

POLICY NO.: 680-0E003121-14-42
ISSUE DATE: 07/01/2015

PREMISES LOCATION NUMBER	BUILDING NUMBER	MORTGAGE HOLDER NAME AND MAILING ADDRESS
007	001	UNITED BANK, ISAOA, ATIMA 5530 LEE HWY ARLINGTON VA 22207
007	001	GREENHILL CAPITAL INVESTMENT LLC 4901 FAIRMONT AVE STE 200 BETHESDA MD 20814
008	001	BANK OF GEORGETOWN 1115 30TH ST NW WASHINGTON DC 20007

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 07/01/2015

COMMERCIAL GENERAL LIABILITY
POLICY NUMBER
ISSUE DATE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ
IT CAREFULLY.

ADDITIONAL INSURED
MORTGAGEE ASSIGNEE SUCCESSOR OR RECEIVER

This endorsement modifies insurance provided under
the following

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE
NAME OF PERSON OR ORGANIZATION

PROVIDENT BANK ISAOA, ATIMA
PO BOX 1001
ISELIN, NJ 08830-1001

DESIGNATION OF PREMISES

DURHAM AVENUE
METUCHEN, NJ 08840

&

700 MIDDLESEX AVENUE LOT 37.01
METUCHEN, NJ 08840

If no entry appears above information required to
complete this endorsement will be shown in the
Declarations as applicable to this endorsement.

1.WHO IS AN INSURED Section II is amended to
include as an insured the persons or organizations
shown in the Schedule but only with respect to their
liability as mortgagee assignee successor or receiver
and arising out of the ownership maintenance or
use of the premises by you and shown in the Schedule.

2.This insurance does not apply to structural
alterations new construction and demolition
operations performed by or for that person or

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 07/01/2015

organization.

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GENERAL PURPOSE ENDORSEMENT

POLICY NUMBER: 680-0E003121-14-42

BUILDING PAC

ISSUE DATE: 07/01/2015

The Named Insured is amended to read:

OJB INVESTMENT GROUP, LC

OJB/RICHMOND HWY, LLC. O.J.B./AJRE JV, LC. OJB/101 NORTH FREDERICK, LC; WATSON STREET GROUP, LLC CDG-GFI-OJB TENANTS IN COMMON MID-ATLANTIC 9822 SUBSIDIARY, INC. OJB/12260 ROCKVILLE PIKE, LC O.J.B. AJRE,J.V.LLC WATSON STREET GROUP, LLC. MID-ATLANTIC 9822 SUBSIDIARY, LLC; METRUCHEN III, LLC; LEE HIGHWAY, LLC



One Tower Square, Hartford, Connecticut 06183

OTHER INTEREST

CHANGE ENDORSEMENT

INSURING COMPANY:

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Named Insured:	OJB INVESTMENT GROUP, LC AND AS PER CG DO 74
Policy Number:	680-0E003121-14-42
Policy Effective Date:	12/31/2014
Policy Expiration Date:	12/31/2015
Issue Date:	07/23/2015
RETURN	Premium \$ NIL

Effective from 07/01/15 at the time of day the policy becomes effective.

THIS INSURANCE IS AMENDED AS FOLLOWS:

THE FOLLOWING FORMS AND/OR ENDOSERMENTS IS/ARE INCLUDED WITH THIS CHANGE.
THESE FORMS ARE ADDED TO THE POLICY OR REPLACE FORMS ALREADY EXISTING
ON THE POLICY:
CP T8 01 12 14
MP T8 01 12 14
IL T0 07 09 87

NAME AND ADDRESS OF AGENT OR BROKER
WILLIS OF MARYLAND INC
12505 PARK POTOMAC AVE # 300

Countersigned by

POTOMAC MD 20854

Authorized Representative

DATE: 07/23/2015

IL T0 07 09 87 (Page 1 of 1)

Office: CHANTILLY/WASHDC

POLICY NUMBER: 680-0E003121-14-42
EFFECTIVE DATE: 12/31/2014
ISSUE DATE: 07/23/2015

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS

* IL TO 07 09 87	CHANGE ENDORSEMENT
IL TO 19 02 05	COMMON POLICY DECLARATIONS
IL TO 25 08 01	RENEWAL CERTIFICATE
MP TO 01 02 05	BUSINESSOWNERS COVERAGE PART DECLARATIONS
* IL T8 01 01 01	FORMS ENDORSEMENTS AND SCHEDULE NUMBERS
IL T3 15 09 07	COMMON POLICY CONDITIONS
IL TO 20 02 05	ADDITIONAL LOCATIONS
MP TO 33 04 09	MASTER PAC ACCOUNT EXPOSURE ENDORSEMENT

BUSINESSOWNERS

* CP T8 01 12 14	GENERAL PURPOSE ENDORSEMENT
MP T1 30 02 05	TABLE OF CONTENTS - BUSINESSOWNERS COVERAGE PART - DELUXE PLAN
MP T1 02 02 05	BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM
MP T3 06 02 07	SEWER OR DRAIN BACK UP EXTENSION
MP T3 07 03 97	PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED LOCATIONS AND RESTAURANTS
MP T3 25 01 08	TERRORISM RISK INSURANCE ACT OF 2002 DISCLOSURE
MP T3 31 02 05	EQUIPMENT BREAKDOWN - INCREASED SUBLIMIT FOR SPECIFIC EQUIPMENT
MP T3 50 11 06	EQUIPMENT BREAKDOWN - SERVICE INTERRUPTION LIMITATION
MP T3 56 02 08	AMENDATORY PROVISIONS - GREEN BUILDING AND BUSINESS PERSONAL PROP COV ENHANCEMENTS
MP T5 05 02 05	REPLACEMENT COST PLUS - VIRGINIA
* MP T8 01 12 14	GENERAL PURPOSE ENDORSEMENT
MP T1 35 04 09	ORDINANCE OR LAW COVERAGE
MP T3 23 08 06	FUNGUS, ROT, BACTERIA AND OTHER CAUSES OF LOSS CHANGES

COMMERCIAL GENERAL LIABILITY

CG TO 34 11 03	TABLE OF CONTENTS - COMMERCIAL GENERAL LIABILITY
CG 00 01 10 01	COVERAGE FORM CG 00 01 10 01
CG 21 70 01 08	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG D2 37 11 03	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG D2 55 11 03	EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES - COMPLETED OPERATIONS
CG D3 09 11 03	AMENDMENT OF COVERAGE - POLLUTION
CG D4 71 02 09	AMENDATORY ENDR- PRODUCTS-COMPLETED OPERATIONS HAZARD
CG D6 37 04 05	AMENDMENT OF COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY
	OTHER INSURANCE - ADDITIONAL INSURED

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-14-42

EFFECTIVE DATE: 12/31/2014

ISSUE DATE: 07/23/2015

COMMERCIAL GENERAL LIABILITY (CONTINUED)

CG D1 86 11 03	XTEND ENDORSEMENT
CG T8 01 12 14	GENERAL PURPOSE ENDORSEMENT
MP T4 45 11 03	Hired Auto and Nonowned Auto Liability - Virginia
CG D2 43 01 02	FUNGI OR BACTERIA EXCLUSION
CG D2 56 11 03	AMENDMENT OF COVERAGE - PROPERTY DAMAGE
CG D2 88 11 03	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG D3 26 10 11	EXCLUSION - UNSOLICITED COMMUNICATION
CG D3 56 05 14	MOBILE EQUIPMENT REDEFINED - EXCLUSION OF VEHICLES SUBJECT TO MOTOR VEHICLE LAWS
CG D4 21 07 08	AMEND CONTRAL LIAB EXCL - EXC TO NAMED INS
CG D6 18 10 11	EXCLUSION - VIOLATION OF CONSUMER FINANCIAL PROTECTION LAWS
CG D1 42 01 99	EXCLUSION - DISCRIMINATION
CG D2 42 01 02	EXCLUSION - WAR
CG T4 78 02 90	EXCLUSION - ASBESTOS
CG 01 79 07 10	VIRGINIA CHANGES
CG 26 73 06 02	MARYLAND CHANGES - PREMIUM AUDIT CONDITION

EMPLOYMENT PRACTICES LIABILITY

PR T0 07 04 09	EMPLOYMENT PRACTICES LIABILITY DECLARATIONS
PR T1 10 04 09	EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM
PR F1 06 03 12	VIRGINIA MANDATORY ENDORSEMENT

MULTIPLE SUBLINE ENDORSEMENTS

CG T3 33 11 03	LIMITATION WHEN TWO OR MORE POLICIES APPLY
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COMMERCIAL INLAND MARINE

CM T0 98 11 97	SIGNS COVERAGE FORM - DECLARATIONS
CM T0 11 08 05	COMMERCIAL INLAND MARINE COVERAGE PART - TABLE OF CONTENTS
CM 00 01 09 04	COMMERCIAL INLAND MARINE CONDITIONS
CM 00 28 09 04	SIGNS COVERAGE FORM

INTERLINE ENDORSEMENTS

IL T4 00 12 09	DESIGNATED ENTITY - NOTICE OF CANCELLATION OR NONRENEWAL PROVIDED BY US
IL T3 82 05 13	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
IL T8 00 12 14	GENERAL PURPOSE ENDORSEMENT
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL 00 22 05 87	EFFECTIVE TIME CHANGES - REPLACEMENT OF 12 NOON

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-14-42
EFFECTIVE DATE: 12/31/2014
ISSUE DATE: 07/23/2015

INTERLINE ENDORSEMENTS (CONTINUED)

IL 00 44 06 90	VIRGINIA CHANGES-POLICY PERIOD
IL 01 06 09 07	VIRGINIA CHANGES - APPRAISAL
IL 01 52 01 12	VIRGINIA CHANGES
IL 02 07 04 11	MARYLAND CHANGES
IL 02 12 09 07	VIRGINIA CHANGES
IL T3 79 01 08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL F0 57 09 12	VIRGINIA CHANGES

POLICY HOLDER NOTICES

PN T4 51 11 04	IMP NOTICE TO VIRGINIA POLICYHOLDERS CLAIMS MADE COVS EXTENDED REPORTING PERIODS
PN T9 13 01 13	IMP NOTICE TO VA POLICYHOLDERS - EQ

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 07/23/2015

BUSINESS OWNERS
POLICY NUMBER: 680 0E003121
ISSUE DATE: 7/17/15

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ
IT CAREFULLY
ASSIGNMENT OF BUSINESS INCOME

This endorsement modifies insurance provided under the following
BUSINESS OWNERS COVERAGE PART

A. SCHEDULE

Premises Location No. 02

Building No. 01

Loss Payee (Name & Address):

Northmarq Capital
10 HIGH STREET, FL 1
BOSTON, MA 02110

B. IMPORTANT NOTICE OF APPLICATION OF THIS
ENDORSEMENT

This endorsement amends your policy to add an assignment of the
loss payment for some covered business income losses to a
specified

financial institution. This assignment of your business
income loss payment has been included solely at the request of you
and your agent or broker.

Please note that the proceeds from business income coverage
are intended to help insured businesses continue their operations
and avoid losing income or going into bankruptcy following a
covered direct physical loss to their property. Assigning the
business income loss payment to another party could put a
business's ability to continue its operations at risk since the
business may not otherwise have the funds required to pay its debts
and its continuing operating expenses. It is not in an insured
business's best interest to allow any third party to require such
assignment.

Also please note that the inclusion of the business income loss
payment assignment to the specified financial institution in your
new policy will not under any circumstances

make Travelers a party to any contract between you and
the specified financial institution

Validate the specified financial institutions legal right
to require such assignment or receive such loss payment or
increase Travelers liability for any loss under your policy.

In addition Travelers will not be liable to you any creditor of yours
or any other third party for any damages claimed as a result of
Travelers payment to the named financial institution to which you
have assigned

your business income loss payments.

C. The BUSINESS OWNERS PROPERTY COVERAGE SPECIAL

FORM is changed as follows

The following is added to Paragraph 5. Loss Payment Business
Income and Extra Expense under Paragraph E. Property Loss

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 07/23/2015

Conditions for the described premises and Loss Payee shown in the Schedule above.

LOSS PAYABLE

For Covered Business Income in which both you and a Loss Payee shown in the Schedule above have an insurable interest we will

1. Adjust losses with you and
2. Pay any claim for loss or damage jointly to you and the Loss Payee as interests may appear.

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Page 1 of 1

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 07/23/2015

BUSINESS OWNERS POLICY NUMBER: 680-0E003121 ISSUE DATE: 07/23/2015 THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY ASSIGNMENT OF BUSINESS INCOME This endorsement modifies insurance provided under the following: BUSINESS OWNERS COVERAGE PART A. SCHEDULE Premises Location No.:2 Building No:1 Loss Payee (StanCorp Mortgage Investors, LLC Mortgage Loan Servicing, PSB11E 920 SW 6th Avenue Portland, OR 97204); B. IMPORTANT NOTICE OF APPLICATION OF THIS ENDORSEMENT This endorsement amends your policy to add an assignment of the loss payment for some covered business income losses to a specified financial institution. This assignment of your business income loss payment has been included solely at the request of you and your agent or broker. Please note that the proceeds from business income coverage are intended to help insured businesses continue their operations and avoid losing income or going into bankruptcy following a covered direct physical loss to their property. Assigning the business income loss payment to another party could put a business's ability to continue its operations at risk, since the business may not otherwise have the funds required to pay its debts and its continuing operating expenses. It is not in an insured business's best interest to allow any third party to require such assignment. Also please note that the inclusion of the business income loss payment assignment to the specified financial institution in your new policy will not, under any circumstances: Make Travelers a party to any contract between you and the specified financial institution; Validate the specified financial institution's legal right to require such assignment or receive such loss payment; or Increase Travelers' liability for any loss under your policy. In addition, Travelers will not be liable to you, any creditor of yours or any other third party for any damages claimed as a result of Travelers' payment to the named financial institution to which you have assigned your business income loss payments. C. The BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows: The following is added to Paragraph 5. Loss Payment Business Income and Extra Expense under Paragraph E. Property Loss Conditions for the described premises and Loss Payee shown in the Schedule above. LOSS PAYABLE For Covered Business Income in which both you and a Loss Payee shown in the Schedule above have an insurable interest, we will: 1. Adjust losses with you; and 2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear. MP T3 62 08 11 copyright 2011 The Travelers Indemnity Company. All rights reserved Includes copyrighted material of Insurance Services Office, Inc. with its permission. Page 1 of 1

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-08003121-14-42
ISSUE DATE: 07/23/2015

COMMERCIAL GENERAL LIABILITY
POLICY NUMBER
ISSUE DATE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED
MORTGAGEE ASSIGNEE SUCCESSOR OR RECEIVER

This endorsement modifies insurance provided under the following

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE
NAME OF PERSON OR ORGANIZATION

PROVIDENT BANK ISAOA, ATIMA
PO BOX 1001
ISELIN, NJ 08830-1001

DESIGNATION OF PREMISES

DURHAM AVENUE
METUCHEN, NJ 08840

&

700 MIDDLESEX AVENUE LOT 37.01
METUCHEN, NJ 08840

If no entry appears above information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.

1.WHO IS AN INSURED Section II is amended to include as an insured the persons or organizations shown in the Schedule but only with respect to their liability as mortgagee assignee successor or receiver and arising out of the ownership maintenance or use of the premises by you and shown in the Schedule.

2.This insurance does not apply to structural alterations new construction and demolition operations performed by or for that person or

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 690-0E003121-14-42
ISSUE DATE: 07/23/2015

organization.

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Offices Inc. with its permission

GENERAL PURPOSE ENDORSEMENT

POLICY NUMBER: 680-0E003121-14-42

BUILDING PAC

ISSUE DATE: 07/23/2015

The Named Insured is amended to read:

OJB INVESTMENT GROUP, LC

OJB/RICHMOND HWY, LLC. O.J.B./AJRE JV, LC. OJB/101 NORTH FREDERICK, LC; WATSON STREET GROUP, LLC CDG-GFI-OJB TENANTS IN COMMON MID-ATLANTIC 9822 SUBSIDIARY, INC. OJB/12260 ROCKVILLE PIKE, LC O.J.B. AJRE,J.V.LLC WATSON STREET GROUP, LLC. MID-ATLANTIC 9822 SUBSIDIARY, LLC; METHUCHEN III, LLC; LEE HIGHWAY, LLC



One Tower Square, Hartford, Connecticut 06183

OTHER INTEREST**CHANGE ENDORSEMENT****INSURING COMPANY:**

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Named Insured:	OJB INVESTMENT GROUP, LC AND AS PER CG DO 74
Policy Number:	680-0E003121-14-42
Policy Effective Date:	12/31/2014
Policy Expiration Date:	12/31/2015
Issue Date:	07/30/2015
RETURN	Premium \$ NIL

Effective from 07/22/15 at the time of day the policy becomes effective.

THIS INSURANCE IS AMENDED AS FOLLOWS:

ON THE BUSINESS OWNERS COVERAGE PART DECLARATIONS (LOSS PAYEE), THE FOLLOWING LOSS PAYEE(S) IS/ARE ADDED:

PREM LOC. NO.	BLDG NO.	LOSS PAYEE NAME AND MAILING ADDRESS
2	1	NORTHMARQ CAPITAL 3500 AMERICAN BLVD W STE 500 MINNEAPOLIS, MN 55431

THE FOLLOWING FORMS AND/OR ENDORSEMENTS IS/ARE INCLUDED WITH THIS CHANGE.
THESE FORMS ARE ADDED TO THE POLICY OR REPLACE FORMS ALREADY EXISTING ON THE POLICY:

MP T0 25 02 05
CP 12 18 06 95
IL T0 07 09 87

NAME AND ADDRESS OF AGENT OR BROKER
WILLIS OF MARYLAND INC
12505 PARK POTOMAC AVE # 300

Countersigned by

POTOMAC MD 20854

Authorized Representative

DATE: 07/30/2015

IL T0 07 09 87 (Page 1 of 1)

Office: CHANTILLY/WASHDC

POLICY NUMBER: 680-UE003121-14-42
EFFECTIVE DATE: 12/31/2014
ISSUE DATE: 07/30/2015

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS

*	IL T0 07 09 87	CHANGE ENDORSEMENT
	IL T0 19 02 05	COMMON POLICY DECLARATIONS
	IL T0 25 08 01	RENEWAL CERTIFICATE
	MP T0 01 02 05	BUSINESSOWNERS COVERAGE PART DECLARATIONS
*	IL T8 01 01 01	FORMS ENDORSEMENTS AND SCHEDULE NUMBERS
	IL T3 15 09 07	COMMON POLICY CONDITIONS
	IL T0 20 02 05	ADDITIONAL LOCATIONS
	MP T0 33 04 09	MASTER PAC ACCOUNT EXPOSURE ENDORSEMENT

BUSINESSOWNERS

*	MP T0 25 02 05	SPECIAL PROVISIONS - LOSS PAYEE
*	CP 12 18 06 95	LOSS PAYABLE PROVISIONS
	CP T8 01 12 14	GENERAL PURPOSE ENDORSEMENT
	MP T1 30 02 05	TABLE OF CONTENTS - BUSINESSOWNERS COVERAGE PART - DELUXE PLAN
	MP T1 02 02 05	BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM
	MP T3 06 02 07	SEWER OR DRAIN BACK UP EXTENSION
	MP T3 07 03 97	PROTECTIVE SAFEGUARDS ENDORSEMENT FOR SPRINKLERED LOCATIONS AND RESTAURANTS
	MP T3 25 01 08	TERRORISM RISK INSURANCE ACT OF 2002 DISCLOSURE
	MP T3 31 02 05	EQUIPMENT BREAKDOWN - INCREASED SUBLIMIT FOR SPECIFIC EQUIPMENT
	MP T3 50 11 06	EQUIPMENT BREAKDOWN - SERVICE INTERRUPTION LIMITATION
	MP T3 56 02 08	AMENDATORY PROVISIONS - GREEN BUILDING AND BUSINESS PERSONAL PROP COV ENHANCEMENTS
	MP T5 05 02 05	REPLACEMENT COST PLUS - VIRGINIA
	MP T8 01 12 14	GENERAL PURPOSE ENDORSEMENT
	MP T1 35 04 09	ORDINANCE OR LAW COVERAGE
	MP T3 23 08 06	FUNGUS, ROT, BACTERIA AND OTHER CAUSES OF LOSS CHANGES

COMMERCIAL GENERAL LIABILITY

CG T0 34 11 03	TABLE OF CONTENTS - COMMERCIAL GENERAL LIABILITY
CG 00 01 10 01	COVERAGE FORM CG 00 01 10 01
CG 21 70 01 08	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG D2 37 11 03	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
	EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES - COMPLETED OPERATIONS
CG D2 55 11 03	AMENDMENT OF COVERAGE - POLLUTION
CG D3 09 11 03	AMENDATORY ENDR- PRODUCTS-COMPLETED OPERATIONS HAZARD

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-14-42
EFFECTIVE DATE: 12/31/2014
ISSUE DATE: 07/30/2015

COMMERCIAL GENERAL LIABILITY (CONTINUED)

CG D4 71 02 09	AMENDMENT OF COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY
CG D0 37 04 05	OTHER INSURANCE - ADDITIONAL INSUREDS
CG D1 86 11 03	ITEND ENDORSEMENT
CG T8 01 12 14	GENERAL PURPOSE ENDORSEMENT
MP T4 45 11 03	Hired Auto and Nonowned Auto Liability - VIRGINIA
CG D2 43 01 02	FUNGI OR BACTERIA EXCLUSION
CG D2 56 11 03	AMENDMENT OF COVERAGE - PROPERTY DAMAGE
CG D2 88 11 03	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG D3 26 10 11	EXCLUSION - UNSOLICITED COMMUNICATION
CG D3 56 05 14	MOBILE EQUIPMENT REDEFINED - EXCLUSION OF VEHICLES SUBJECT TO MOTOR VEHICLE LAWS
CG D4 21 07 08	AMEND CONTRAL LIAB EXCL - EXC TO NAMED INS
CG D6 18 10 11	EXCLUSION - VIOLATION OF CONSUMER FINANCIAL PROTECTION LAWS
CG D1 42 01 99	EXCLUSION - DISCRIMINATION
CG D2 42 01 02	EXCLUSION - WAR
CG T4 78 02 90	EXCLUSION - ASBESTOS
CG 01 79 07 10	VIRGINIA CHANGES
CG 26 73 06 02	MARYLAND CHANGES - PREMIUM AUDIT CONDITION

EMPLOYMENT PRACTICES LIABILITY

PR T0 07 04 09	EMPLOYMENT PRACTICES LIABILITY DECLARATIONS
PR T1 10 04 09	EMPLOYMENT PRACTICES LIABILITY COVERAGE FORM
PR F1 06 03 12	VIRGINIA MANDATORY ENDORSEMENT

MULTIPLE SUBLINE ENDORSEMENTS

CG T3 33 11 03	LIMITATION WHEN TWO OR MORE POLICIES APPLY
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COMMERCIAL INLAND MARINE

CM T0 98 11 97	SIGNS COVERAGE FORM - DECLARATIONS
CM T0 11 08 05	COMMERCIAL INLAND MARINE COVERAGE PART - TABLE OF CONTENTS
CM 00 01 09 04	COMMERCIAL INLAND MARINE CONDITIONS
CM 00 28 09 04	SIGNS COVERAGE FORM

INTERLINE ENDORSEMENTS

IL T4 00 12 09	DESIGNATED ENTITY - NOTICE OF CANCELLATION OR NONRENEWAL PROVIDED BY US
IL T3 82 05 13	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
IL T8 00 12 14	GENERAL PURPOSE ENDORSEMENT

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: 680-0E003121-14-42

EFFECTIVE DATE: 12/31/2014

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INTERLINE ENDORSEMENTS (CONTINUED)

IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL 00 22 05 87	EFFECTIVE TIME CHANGES - REPLACEMENT OF 12 NOON
IL 00 44 06 90	VIRGINIA CHANGES-POLICY PERIOD
IL 01 06 09 07	VIRGINIA CHANGES - APPRAISAL
IL 01 52 01 12	VIRGINIA CHANGES
IL 02 07 04 11	MARYLAND CHANGES
IL 02 12 09 07	VIRGINIA CHANGES
IL T3 79 01 08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL F0 57 09 12	VIRGINIA CHANGES

POLICY HOLDER NOTICES

PN T4 51 11 04	IMP NOTICE TO VIRGINIA POLICYHOLDERS CLAIMS MADE COVS EXTENDED REPORTING PERIODS
PN T9 13 01 13	IMP NOTICE TO VA POLICYHOLDERS - EQ

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.



One Tower Square, Hartford, Connecticut 06183

SPECIAL PROVISIONS:
LOSS PAYEE:

POLICY NO.: 680-0E003121-14-42
ISSUE DATE: 07/30/2015

PREMISES LOCATION NUMBER	BUILDING NUMBER	LOSS PAYEE NAME AND MAILING ADDRESS
002	001	NORTHEMARQ CAPITAL 3500 AMERICAN BLVD W STE 500 MINNEAPOLIS MN 55431

POLICY NUMBER: 680-08003121-14-42

COMMERCIAL PROPERTY
ISSUE DATE: 07/30/2015**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****LOSS PAYABLE PROVISIONS**

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
 BUILDERS' RISK COVERAGE FORM
 CONDOMINIUM ASSOCIATION COVERAGE FORM
 CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
 STANDARD PROPERTY POLICY

SCHEDULE

Prem.	Bldg.
No.	No.
002	001

Description
of Property
BUSINESS INCOME

**Loss Payee
(Name & Address)**
NORTHEMARQ CAPITAL

3500 AMERICAN BLVD W
STE 500
MINNEAPOLIS MN 55431

	Loss Payable	Lenders Loss Payable	Contract of Sale
Provisions Applicable:	X		

- A. When this endorsement is attached to the STANDARD PROPERTY POLICY CP 00 99 the term Coverage Part in this endorsement is replaced by the term Policy.

The following is added to the LOSS PAYMENT Loss Condition, as indicated in the Declarations or by an "X" in the Schedule:

B. LOSS PAYABLE

For Covered Property in which both you and a Loss Payee shown in the Schedule or in the Declarations have an insurable interest, we will:

1. Adjust losses with you; and
2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear.

C. LENDER'S LOSS PAYABLE

1. The Loss Payee shown in the Schedule or in the Declarations is a creditor, including a mortgageholder or trustee, whose interest in Covered Property is established by such written instruments as:

- a. Warehouse receipts;
- b. A contract for deed;
- c. Bills of lading;
- d. Financing statements; or
- e. Mortgages, deeds of trust, or security agreements.

2. For Covered Property in which both you and a Loss Payee have an insurable interest:

- a. We will pay for covered loss or damage to each Loss Payee in their order of precedence, as interests may appear
- b. The Loss Payee has the right to receive loss payment even if the Loss Payee has started foreclosure or similar action on the Covered Property
- c. If we deny your claim because of your acts or because you have failed to comply with terms of the Coverage Part the Loss Payee will still have the right to receive loss payment if the Loss Payee:

COMMERCIAL PROPERTY

- (1) Pays any premium due under this Coverage Part at our request if you have failed to do so;
- (2) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
- (3) Has notified us of any change in ownership, occupancy or substantial change in risk known to the Loss Payee.

All of the terms of this Coverage Part will then apply directly to the Loss Payee.

- d. If we pay the Loss Payee for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:

- (1) The Loss Payee's rights will be transferred to us to the extent of the amount we pay; and
- (2) The Loss Payee's rights to recover the full amount of the Loss Payee's claim will not be impaired.

At our option, we may pay to the Loss Payee the whole principal on the debt plus any accrued interest. In this event, you will pay your remaining debt to us.

3. If we cancel this policy, we will give written notice to the Loss Payee at least:
 - a. 10 days before the effective date of cancellation if we cancel for your non-payment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
4. If we elect not to renew this policy, we will give written notice to the Loss Payee at least 10 days before the expiration date of this policy.

D. CONTRACT OF SALE

1. The Loss Payee shown in the Schedule or in the Declarations is a person or organization you have entered a contract with for the sale of Covered Property.
2. For Covered Property in which both you and the Loss Payee have an insurable interest, we will:
 - a. Adjust losses with you; and
 - b. Pay any claim for loss or damage jointly to you and the Loss Payee, as interest may appear.

3. The following is added to the OTHER INSURANCE Condition:

For Covered Property that is the subject of a contract of sale, the word "you" includes the Loss Payee.

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 07/30/2015

BUSINESS OWNERS
POLICY NUMBER: 680 0E003121
ISSUE DATE: 7/17/15

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY
ASSIGNMENT OF BUSINESS INCOME

This endorsement modifies insurance provided under the following BUSINESS OWNERS COVERAGE PART

A. SCHEDULE

Premises Location No. 02

Building No. 01

Loss Payee (Name & Address):

Northmarq Capital

10 HIGH STREET, FL 1

BOSTON, MA 02110

B. IMPORTANT NOTICE OF APPLICATION OF THIS ENDORSEMENT

This endorsement amends your policy to add an assignment of the loss payment for some covered business income losses to a specified financial institution. This assignment of your business income loss payment has been included solely at the request of you and your agent or broker.

Please note that the proceeds from business income coverage are intended to help insured businesses continue their operations and avoid losing income or going into bankruptcy following a covered direct physical loss to their property. Assigning the business income loss payment to another party could put a business's ability to continue its operations at risk since the business may not otherwise have the funds required to pay its debts and its continuing operating expenses. It is not in an insured business's best interest to allow any third party to require such assignment.

Also please note that the inclusion of the business income loss payment assignment to the specified financial institution in your new policy will not under any circumstances

make Travelers a party to any contract between you and the specified financial institution

Validate the specified financial institutions legal right to require such assignment or receive such loss payment or increase Travelers liability for any loss under your policy.

In addition Travelers will not be liable to you any creditor of yours or any other third party for any damages claimed as a result of Travelers payment to the named financial institution to which you have assigned your business income loss payments.

C. The BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows

The following is added to Paragraph 5. Loss Payment Business Income and Extra Expense under Paragraph E. Property Loss

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 600-0E003121-14-42
ISSUE DATE: 07/30/2015

Conditions for the described premises and Loss Payee shown in
the Schedule above.

LOSS PAYABLE

For Covered Business Income in which both you and a Loss Payee
shown in the Schedule above have an insurable interest we will

1. Adjust losses with you and
2. Pay any claim for loss or damage jointly to you and the Loss
Payee as interests may appear.

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GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 07/30/2015

BUSINESS OWNERS POLICY NUMBER: 680-0E003121 ISSUE DATE: 07/23/2015 THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY ASSIGNMENT OF BUSINESS INCOME This endorsement modifies insurance provided under the following: BUSINESS OWNERS COVERAGE PART A. SCHEDULE Premises Location No:2 Building No:1 Loss Payee (StanCorp Mortgage Investors, LLC Mortgage Loan Servicing, PSB11E 920 SW 6th Avenue Portland, OR 97204); B. IMPORTANT NOTICE OF APPLICATION OF THIS ENDORSEMENT This endorsement amends your policy to add an assignment of the loss payment for some covered business income losses to a specified financial institution. This assignment of your business income loss payment has been included solely at the request of you and your agent or broker. Please note that the proceeds from business income coverage are intended to help insured businesses continue their operations and avoid losing income or going into bankruptcy following a covered direct physical loss to their property. Assigning the business income loss payment to another party could put a business's ability to continue its operations at risk, since the business may not otherwise have the funds required to pay its debts and its continuing operating expenses. It is not in an insured business's best interest to allow any third party to require such assignment. Also please note that the inclusion of the business income loss payment assignment to the specified financial institution in your new policy will not, under any circumstances, Make Travelers a party to any contract between you and the specified financial institution; Validate the specified financial institution's legal right to require such assignment or receive such loss payment; or Increase Travelers' liability for any loss under your policy. In addition, Travelers will not be liable to you, any creditor of yours or any other third party for any damages claimed as a result of Travelers' payment to the named financial institution to which you have assigned your business income loss payments. C. The BUSINESS OWNERS PROPERTY COVERAGE SPECIAL FORM is changed as follows: The following is added to Paragraph 5. Loss Payment Business Income and Extra Expense under Paragraph E. Property Loss Conditions for the described premises and Loss Payee shown in the Schedule above. LOSS PAYABLE For Covered Business Income in which both you and a Loss Payee shown in the Schedule above have an insurable interest, we will: 1. Adjust losses with you; and 2. Pay any claim for loss or damage jointly to you and the Loss Payee, as interests may appear. MP T3 62 08 11 copyright 2011 The Travelers Indemnity Company. All rights reserved Includes copyrighted material of Insurance Services Office, Inc. with its permission. Page 1 of 1

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-14-42
ISSUE DATE: 07/30/2015

COMMERCIAL GENERAL LIABILITY
POLICY NUMBER
ISSUE DATE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ
IT CAREFULLY.
ADDITIONAL INSURED
MORTGAGEE ASSIGNEE SUCCESSOR OR RECEIVER

This endorsement modifies insurance provided under
the following

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE
NAME OF PERSON OR ORGANIZATION

PROVIDENT BANK ISAOA, ATIMA
PO BOX 1001
ISELIN, NJ 08830-1001

DESIGNATION OF PREMISES

DURHAM AVENUE
METUCHEN, NJ 08840

&

700 MIDDLESEX AVENUE LOT 37.01
METUCHEN, NJ 08840

If no entry appears above information required to
complete this endorsement will be shown in the
Declarations as applicable to this endorsement.

1.WHO IS AN INSURED Section II is amended to
include as an insured the persons or organizations
shown in the Schedule but only with respect to their
liability as mortgagee assignee successor or receiver
and arising out of the ownership maintenance or
use of the premises by you and shown in the Schedule.

2.This insurance does not apply to structural
alterations new construction and demolition
operations performed by or for that person or

GENERAL PURPOSE ENDORSEMENT
BUILDING PAC

POLICY NUMBER: 680-0E003121-14-42
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organization.

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